MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13869 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH -- Maryland COUNTY o. COUNTY Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Sykesville 8m 3d Baltimore City e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Springfield State Hospital not listed in record unk YES NO 3. NAME OF Middle 4. OATE Lost Month Year **OECEASEO** Frederick T. Andrese 10 15 66 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors 76st birthdoy) Months Doys Hours white male DIVORCED 6-3-90 WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) USA COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frederick E. Andreae Anna Gundlach 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-54-6778 Hospital Records CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Bilateral bronchopneumonia IMMEDIATE CAUSE (o). DUE TO Arteriosclerotic heart disease Conditions, if ony, which gove Years rise to immediate couse (a), DUE TO stating the underlying couse PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Schizophrenic reaction, hebephrenic type 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) ot work at work 21. I certify that 4) (this haspital) attended the deceased fram 2-12 21 ta 10-15 \_\_\_\_\_, 19 66, that M) (we) last 19 1966, and that death accurred active M, fram causes and an the date stated above. saw the deceased alive an 10-15 22b. DATE SIGNED 22o. SIGNATURE 10-15-66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Heinz H. Klaatsch, M.D. Springfield State Hospital 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) runa ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 66

s 1 and 2 fter death. OV executed within 24 haurs after death after the illed in by ...
papers. Page. filled within pgu event, COL гетиаче any and ding physician a t. Then please i remove and in requires that the death certificate affendi 늉 signed by the atter burial-transit perm burial, crematian, a þ physician, prior to attending peen has Health p use the hospital ar TO FUNERAL DIRECTOR: After this certificate for <del>a</del> detached Dept. ( State | ATTENDING ò pe shauld be retained with 3 director, page 3 shauld be filed v Page 4 may

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death: death. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased fixed, If institution: Residence before admission) a. COUNTY A by the Pages 1 after 6 b. COUNTY a. STATE 0/1 021 COUN MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if Matside corporate limits, write RURAL end give nearest town) filled in by papers. Page nin 72 hours write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO. YES completely carbon NAME OF DECEASED 3. First Middle DATE Month OF event, (Type or print) 1966 DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. гетоле any and WIDOWED DIVORCED yrs. 5 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) INDUSTRY **COUNTRY** and 60 certificate a FATHER'S NAME attending permit. Then n. or remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 一 death (Yes, no, or unknwn) | (If yes give war or dates of service) the atte t permit cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed been signed the burial-tr DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause (ast, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? certificate NO T YES this cerum detached fo PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After Id be d Hour a.m. While Not While at work D.M at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lled with the 1966 and that death occurred at 1968. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED be filed ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR O HOSPITAL ba PHYSIC AN'S TO FUNERAL ADDRESS 22c. 22d. director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR' LOCATION (City, town or county) (State) REMOVAL (Specify) **FUNERAL DIRECTOR ADDRESS** 25b. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MA	RYLAND STATE DEPARTMENT OF I	HEALTH
DIVISION OF STATISTICAL RES	SEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
V 2000	CERTIFICATE OF DEATH	of Charles on

13074			CERTIFICA	ATE OF DEAT	Н 3	3974	. /_
1. PLACE OF DEATH	. 00				ICE (Where deceased lived, If		ce before admission)
e. COUNTY	11/1		MARYLANI	a, STATE	b. COUN		V
b. CHTY OR TOWN (	f outside corporate lim	its	c. LENGTH OF STAY IN 1	TOTAL A TRAVETA	d Howar		nearest lown
yerina RURAL and	give hearast town)	,	C. LLINGIN OF STATE IN	c. diji ok iowiti	11 0210100 001P01010 1111110, 11111	g trotte and give	
prood	me			Elli	cott City	/	3100
d. NAME OF HOSPIT	AL OPINSTITUTION	(if not in hosp	ital, give straet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Tolden	age &	west	Hinel	Frederi	ck Road		YES NO
3. NAME OF DECEASED	The First		Middle	Last	4. DATE	h Day	Year
(Typa or print)	( XXI) and	1171	(Nunas	1)	DEATH /	- 31	1966
5. 5EX	6. COLOR OR RACE	17. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS.
Female	White	WIDOWED	= // =	10-10-1894	last birthday)	Months Days	Hours Min.
10a. USUAL OCCUPAT		1			nty & Stella, or foreign country	12 CITIZEN O	F WHAT COUNTRY?
dona during most of wo	rking lifa, evan if ratio	ad)	TO OF DOSHALDS OR HADO	II. BIKITIFEACE (COU.	iny a siere, or letergit country;	IZ. GIIIZZIV O	THE TOTAL PROPERTY.
At Home				MARYL	AND		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Charles H	H. Waldvogel			Mary	L. Zaner		
15. WAS DECEASED EV (Yes, no, or unkown) (I			OCIAL SECURITY NO. 17	. INFORMANT	Addres		-
No.	I yesgi va wat or deles bi	2 1	3-20-95861	me Manionie	Willett, Ellico	tt City N	<i>1</i> d
	EATH [Enter only on	cause per li	na for (a), (b), and (c).)	TO MET TOTTE	WILLIA GO DELLACO	IN	ERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY		/	1 10 A 10	. Second 1	29	SET AND DEATH
0 - 0 .	IMMEDIATE CAUSE (a)	]	, ,	ingeferen	under seller	AC A	7100
0021	DUE TO		0 %	11 04	0		7
Conditions, if any gave rise to immedi		)	Till	chickens her	ellus un		
(a), stating the u		>		to do	11-	5	2
causa last.	(c)	)		myerai	an		
Z PART II. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	YEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
E F				/			YES NO
PART II. OTHER  O DE CONTRIBUTING O IF EITHER, NOTIFY	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Entar natura of injury I	n Part I or Part II of itam 18.)		
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER						
		1	NJURY OCCURRED   20e.	PLACE OF INJURY (Home, far	m, † 20f. (City or town)	(County)	(Stata)
20c. TIME OF INJU	RY Month, Day, Yo	Whila		factory, streat, office bldg., at		(County)	(21010)
P.m.	19	at work	al work		i		
21. I certify t	hat (I) (this hosp	ital) attend	led the deceased fro	m. f. bessey L. g			hat (I) (we) last
saw the deceas	ed alive on.	4-31	19.66, and th	at death occurred and.	PM, from the causes	and on the dat	e stated above.
22a. 81GNATURE	1 4//	//		ATTENDING	MED. STAFF	01	22b. DATE
14-11	Man	in			DIRECTOR PHYS.	Ptor	1-64
22c. PHYSICIAN'S NAME (Type)	10110	15 1 1	0-1110	22d. ADDRESS	-	A.	1
MANUE (Type)	NN	WH	5///	14	muni	ww.	un
23a. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stata)
REMOVAL (Spacify)	11-3-1	1966	Sharon Ba	otist	West Frie	ndship. Mo	1
24 FUNERAL DIRECTOR		(1) N	ADDRESS		C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
		1404	THE SUST	DATE	NOV 7' 1966	Miarle	Judge
F.C. Higinbo	enous rities	ort CI	LY MO	IDAIL		#	0 0

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13972 . 120 1007/10 10-10-1694 - 5-10-p - 1-01-15 BESOIL U. SELVICE TERMS Jee while it he frest? White dipolitic traffel acverses and all-y-3 -- yin the state of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1397 CERTIFICATE OF DEATH deoth, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY b. COUNTY RROLL after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) ely filled in by the bon papers. Poge within 72 hours a give pearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BOWERSOX BOWERSO ROAD YES NO 3. NAME OF First Middle 4 DATE Month Day DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Manths Davs ONY WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY\_ COUNTRY? ARYLAND removo 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 0 BALTZELL cremation, CAUSE OF DEATH (Enter only one cause per line for (a). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS' PERFORMED? NO YES | 20g. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Harne, form, (City or town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) of work at wark 21. I certify that (I) (this haspital) attended the deceased fram 66 19\_\_\_, that (1) saw the deceased alive an 10/6/6/ 19 and that death accurred at 11454 M. from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M. E. Robertson director, page 3 should be filed v M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

O FUNERAL DIRECTOR: After this certificate

death certificate be executed within 24 hours after death

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signed by

FUNERAL DIRECTOR

2Sq. REC'D BY REGISTRAR 1966

LIBERTYTOWN

25b. REGISTRAR'S SIGNATURE

enterpolic transfer and the second of the se 36461 Carmery Obeliever angina testeur telles may replace and M. F. Roberton 14/22/46

TO HOSPITAL OR ALTENDING PHYSICIAM: The law requires that the death certificate be executed, within 24 hours after death. Page

Y be retained by the hospital or attending physician.

IO FUNERAL AECTOR: After this certificate has been signed by the attending physician and completely. It is by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	13973 CERTIFICA	IE OF DEATH	13078
1.	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deces	
	CARROLL MARYLAND	STATEM DRYLANT	D . COUNTY CARROLL
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (if outside corpore	te limits, write RURAL and give neerest town)
1	RED FINKCRUPG 22 MONT	H FINKSR	1/26
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	15 RESIDENCE     ON A FARM?
	RFD FZ	KFD 42	YES NO
.3.	3. NAME OF First Middle	Last 4, DATE	Month Dey Yeer
	(Type or print) JABEZ NELSON B	ARNES DEATH	B CTOBER 23 19 66
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
L	MALE, WHITE WIDOWED DIVORCED	DEC 17 1893 7	2 yrs. Months Doys
10	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or for	
L	FARMER FARM	CAKROLL-MA	RYLAND USA
13	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	w/ Manage
_	JABEZ NI BARNES	KIII/E	LLEN HAINES
0	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) [Hyesgive war or detes of service)	MOSES U. B.	ARNES
-	NO 1220-20-1807	RUUTE #2	FINKS BURG MD
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]  PART I, DEATH WAS CAUSED BY:	MACCHINA	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CEREBRAL	VASCULAR P	ACCIDENT & WEEKS
	HAZI DUE TO NOTFOINECE	ENOTIC CARDI	AMACCULAN DIE
	gave rise to immediate cause	SICOTIC CHIZVI	OVASCULAR VIS
	(a), stating the underlying DUETO		
z	(c)	OT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
12	OIL		PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING     200. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert 1 or Pert II of	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL.	ACE OF INJURY (Home, farm, 20f. (City or	r town) (County) (Slete)
MEDICAL	Hour e.m. While Not While st work st work	ctory, street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased from	MARCH 19 45 10 C	C 1 0 13 ET 19 6 (othat (1) (we) last
			ne causes and on the date stated above.
	220. SIGNATURE A DILL AA		STAFF 22b. DATE SIGNED
	Hamel & Wellier	ATTENDING MED.	PHYS.   10/23/66
	22c. PHYSICIAN'S	22d. ADDRESS	DA - WITHTHINKSTE
_	I DANIEL I WELLIVER	19121V6E	KOHD WESHINSTO
2:	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		ON (City, town or county)
1	Burial 10/26/1966 Providence		
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		AR 25b. REGISTRAR'S SIGNATURE
1	C. M. Waltz Box 241 Sykesville, Me	d. IDATE BC 25	1966 Judge
			U U V

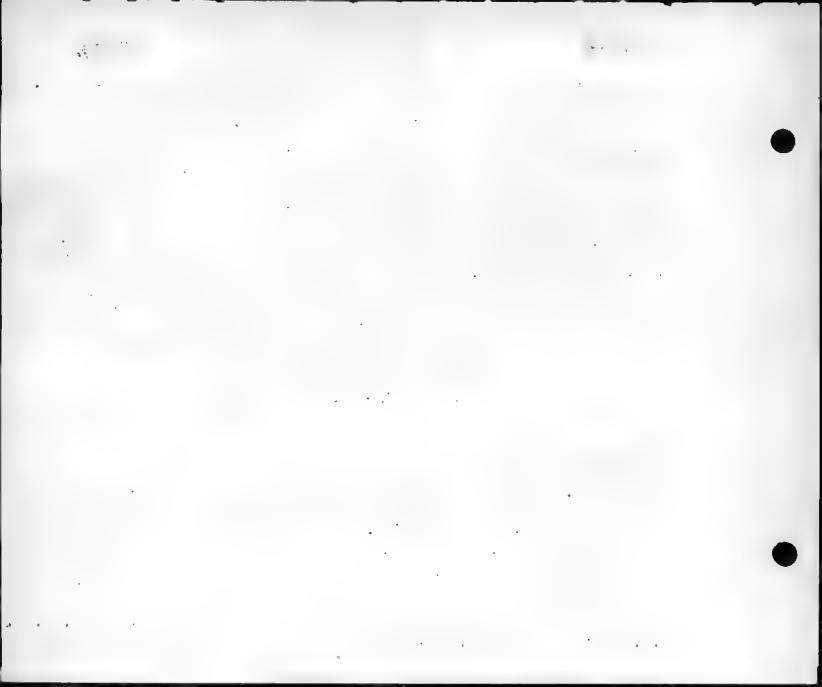
44 16 1 CURLY SELECT TO SA JAMES D PUT DE TELLVERENCE SA MONTH DE LANGE PUR LA 1 F. W. 17 A 34 THE STREET WELLING THE PROPERTY OF THE PROPERTY OF A SECTION OF THE PROPERTY OF T Franchise Charles Committee in the Charles in the THE CEREBURY STOCKER HOSTORIFE WITH THE TAX THE PERSON OF THE PERS a de la secono de la companya del companya de la companya del companya de la comp DOWN IET I WETTINER "IS A FREE KORD WESTING

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If institution:	Residence	before	admissi
a market commer			

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
0	a, STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	1 1 1
	d. STREET ADDRESS 18. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  B. IS RESIDENCE ON A FARM?
Jonepuw Neusing Home SF	1 Brown Rds YES NO LL
3. NAME OF Girst Middle	Last 4. DATE Month Day Year
(Type or print) Elwina M. 13	Soulean DEATH Chat 17 1966
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
I femile white WIDOWED 17 DIVORCED 17	Jon 9, 1903 (ast birthday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	1/11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) (INDUSTRY	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	14. MOTHER'S MAINTEN MAINTEN
mathew Coughton	13-dillete
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown); (If yes give war or dates of service)	INFORMANT Address 04 Rossiter Core
219-14-0552 De	one Chiti(doughter) Backmachel
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Land Esternite Constitute on the
IMMEDIATE CAUSE (a)	Contract Grant Grant
Conditions, if any, which	
gave rise to Immediate	Million De la companya della companya de la companya de la companya della company
cause (a), stating the DUE TO	The of Coldens
Cy ////	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
F PARTITION REPORTED THE CONDITIONS CONTRIBUTING TO PEAR BUT NOT RELA	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELA  208. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED, (Enter nature of injury in Part I or Part II of Item 18.)
Q (control	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
Hour a.m. While Not While racto	Ty, areat, oncounding, story
21. I certify that (!) (this hospital) attended the deceased from C	et 3 , 1966, to extrem 17, 1966, that (1) (we) last
	t death occurred at 439 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
James Quest 10	ATTENDING MED. STAFF DIRECTOR PHYS. 10-17-66
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 1 10-17-66
NAME (Type) OSCH & Such MO	NAMOSTEAN MACY INVO
230. BURIAL CREMATION, 238. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
	ge Pikesville Balto Co Md.
H.W. Jenkins & Sons Co. 4905 York R	bao
Baltimore 12. Md	

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TO MOTIVITAL



	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
£	- COLE	13975 CERTIFICATE OF DEATH 13078	
hours after death	and	PLACE OF DEATH  a. CCUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss a. STATE  b. COUNTY  b. COUNTY	ion)
ter	s 1 fter	Carroll MARYLAND MARYLAND Carroll	
s gg	by the f Pages 1 urs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	wn)
, e	.s. or	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give treet address) d. STREET ADDRESS e. (S RESIDER ON A FARM	NCE
22	fille papers lin 72 l	64 So. Church St. ON A FARN	700
ithin	bon with	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF OF	
× 0	comple ve carl event,	(Type or print) TLISERT F ISOND DEATH OCT, 18 196	HPS
requires that the death certificate be executed within	and completely remove carbon p	A THE PER MARKIED TO THE PER MAR	lin.
be e	I Je se na	Oa. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
ate	attending physician rmit. Then please n, or removal, and in	Ustaurent enyployee Tuderick Co. m. 11. S. a.	
Ti fi	ding pl Then remova	Frusto T. Board Farmie Notes	
Ce	tendi iit. ] or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or unknown) ((If yes give war or dates of service)	
de af	the atten t permit. lation, or	- 219-20-0992 A mis albert J- Bond afdress	
÷	n. by th msit remat	18. CAUSE OF DEATH [Enter only one cause per Mne for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH	
hat	inysician. signed by urial-transi urial, crem	IMMEDIATE CAUSE (a)	41
res .	ing physicia een signed he burial-tra to burial, ci	Conditions, if any, which \ (b)	
luba	ding peen the b	gave rise to immediate ( cause (a), stating the OUE TO	
	=	underlying cause last. ) (c)  PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOP	lev.
The law		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	70
	를 한 글	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
PHYSICIAL	hospi is cert ached ept. of		
PHY	음부분은	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)  p.m. 19 at work at work	3)
SE SE	After After d be	Allali	loo
		21. I certify that (I) (this hospital) attended the deceased from 12/166, 19, to 12/166, 19, that (I) (we) saw the deceased alive on 19, and that death occurred at 12.3M, from the causes and on the date stated about 19.	
44	DIRECTOR: DIRECTOR: ge 3 shoul led with th	22b. DATE SIGNATURE	
	~ (O i—	22c. PHYSICIAN'S (22d. ADDRESS)	
O HOSPITAL	Page 4 may O FUNERAL director, par should be fil	NAME (Type) William R OROUTTE. 150W. Main Sty Westminster, Md	
OH C	Page 4 O FUNER director should b	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
j=	E &	4. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE	4
	/R A15 (4)	J. E. Myers, D. Westmuster Moore OCT 21 1966 Mcliarles Judge	2
	20 M AL-15/A		-

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FOR STATE DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is, decessary please execute the certificate, writing the word "hending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremmon, or removal, and they event within 72 hours after death.

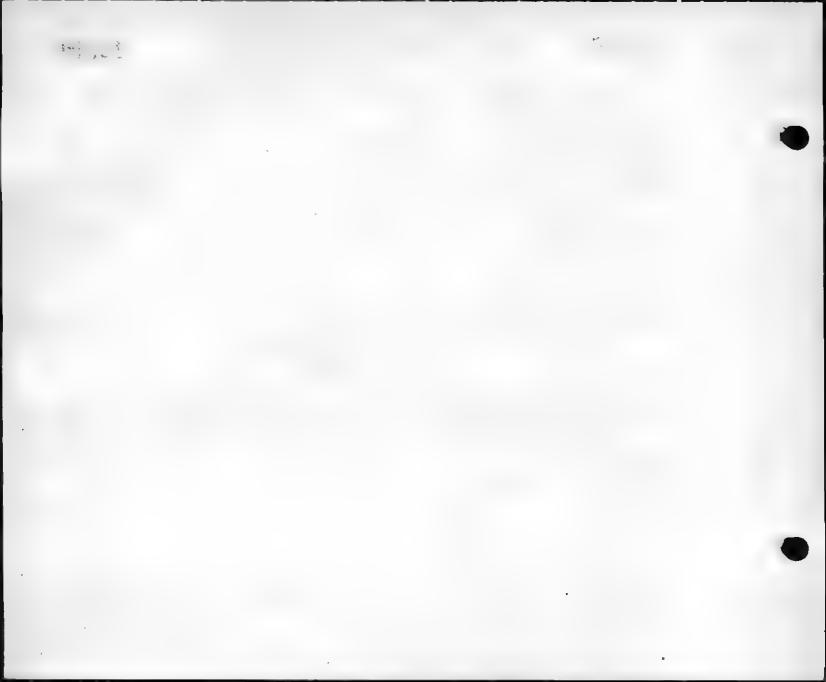
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	MARYLAND ST	TATE DEPAR	TMENT OF	HEALTH	
Division of STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BALTIMORE 1	. MARYL

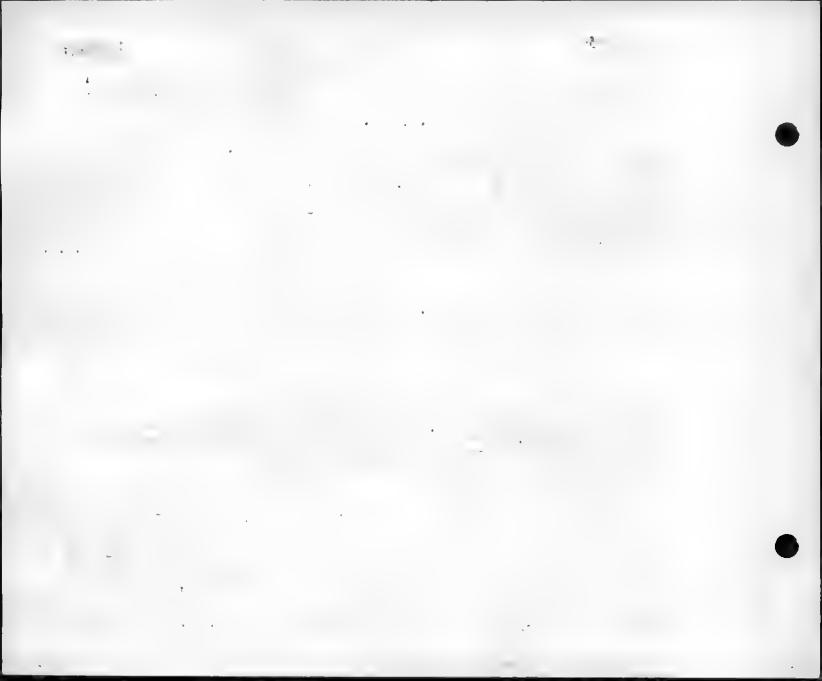
MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

\	1000	7)	EDICAL	EVWINITHER 2	GENTIFICAL	E OF DEA	11.11	2713	
1.	PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where deceased	lived, If institution: b. COUNTY	Residence before admi:	ssion)
	-04	rroll		MARYLAND		ryland	Carro	77	
		N (If outside corpora and give nearest tow	te Ilmits,	c. LENGTH DF STAY IN 1	b c. CITY OR TOWN (I	f outside corporat		L and give nearest t	(nwo
				Life	Dunol	-"ew Wir	dean		1
-		ew wirdso		pspital, give street addres			1 501	e. IS RESIDI	ENCE
			// (II 100¢ III II)	tableati Bisa streat agores				ON A FAR	
		D. 2			l R.				Klo
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE DF	Month	Day Year	
	(Type or print)		lhert	J. B	ownan	DEATH	Oct. 3	1966	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 😾	8. DATE OF BIRTH	las	birthday) IF UNDE	R 1 YEAR IF UNDER 24	4 HRS.
	Male	Colored	WIDOWED	DIVORCED	Oct. 22,1	956   10	Yrs.		141111.
10a	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (	State or foreign co	untry) 12. (	CITIZEN OF WHAT	
Gui		nig ille, even il retire Ne	a)   II	IDUS IKT	Carroll	County.		I.S.A.	
13.	FATHER'S NAM				14. MOTHER'S MAI		2.00		
		TT 3			Bar	bara Bov	man		
15.	WAS DECEASED	Unknot Ever in U.S. Armed FO	RCES? 1 16	SOCIAL SECURITY NO. 1	7. INFORMANT	1741 Ct 170 V	Address		
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)			70		110	
	I.o.	<u> </u>	!		ss Barbara	Bowman	Same As	ir <	
			'A /	ne for (a), (b), and (c).]	11 1	4		ONSET AND DE	ATH
П	raki i, Di	EATH WAS CAUSED BY IMMEDIATE CAUSE	(8)	YCLARICE	Kliedu	-		9 2/11/4	42
1-1	344	/ DUE	TO 1		1			Such.	
ш	Conditions, If		(b) ~	beck	hours			7200	
	gave rise to cause (a), s		10						
	underlying caus		{c}						
8	PART II. OTHER	SIGNIFICANT CONDITION		TING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART 1(a	) 119. WAS AUTO PERFORME	
¥.									0 1
F	20a. EXTERNA	L CAUSE WAS	20b. I	ESCRIBE HOW INJURY OF	CURRED. (Enter nature o	of Injury In Part I	or Part II of Item 1	8.)	——————————————————————————————————————
8	PRIMARY OF DEAT	CONTRIBUTING							
WEDICAL CERTIFICATION		INJURY Month, Day,	Vest   20d	NJURY OCCURRED 200. F	PLACE OF INJURY (Home,	farm,   20f. (City	or town) (Co	ounty) (Sta	ite)
18	Hour a.		While		ctory, street, office bldg.,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
2	p.		at work	at work					
	21. I certif	y that I took charg	e of the rem	ains described above,	held an Autopsy,	Inspection D	S, Inquiry 🗌	, and in my op	inion
	death result	ted from:,- Natura	causes X	, Accident,	Svicide 🔲, Homic	ide 🔲, Und	etermined manner	r 🔲	
		1,14//		1) [/	CHIEF MEDIC	AL EXAMINER 🔲			
	ACTUAL SIGNATURE	N Her	wel	Derch	ASSISTANT M	EDICAL EXAMINER		22. DATE SIG	INED
		1-			DEBNIA WED!	CAL EXAMINER		107.24	66
	EXAMINER'S NAME (Type)	W. Glen	in Sng	cher	Address (Stre	hillstrange of b	11/08/1/11	148100 84	346
23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR OR AND SHOP	23d. LOCAT	DN (City, town or c	ounty) (Star	17
	REMOVAL (Sp		1966	Western Ch	anel	Carro		Md.	
24.			, , , , , ,	ADDRESS	25a. R		R 25b. REGISTRA	R'S SIGNATURE	
1	. N. Wa	iltz Tox 2	41 Sv	kesville.	DATE DATE	VOV 2 1	366 your	wer Judge	Em
	- 2 - 1111	entropy of the same of the sam		La Cor De Victoriale Victoriale La	The state of the s				



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	~(1	VI)	١	1397	3		CERTIF	ICATE	OF	DEATH			13	398	()	
aw requires that the death certificate be executed within 24 IIaurs after death iding physician	by the funeral . Pages 1 and 2 laurs after death			PLACE OF DEATH D. COUNTY Carroll				YLAND	a. SI	ate larylan	d	ed lived, if institu b. CO. A.L.	NTY Oga ny	-		on)
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n 24 ii	filled in by n papers. P thin 72 haur	1:			al or institution (if n		,			Baker	St.				ON A F	ARM? NO X
with:	ely fi bon with			NAME OF		ırst	Middle			Last	4 DATE OF	Man		Day	Ye	
pa	campletely rave carbor y event, wi		S.	Type ar print)	6. COLOR OR RACE	DA. 7. MARRIED	E. NEVER MARRIE		BOM B. DATE C	MAN F BIRTH	CHERTON	OC'J	OBER IF UNDER	27	19 IF UNDE	66 R 24 HR
хесп	and campletely f			Female	White		DIVORCE			-1887	7	last birthday)	Months	Days	Haurs	Min
te be e:	2 3 2		10a duri	USUAL OCCUPATION no most of working	(Give kind af wark dane te, even if retired)		ND OF BUSINESS OR DUSTRY			THPLACE (County		reign country)		TIZEN OF DUNTRY?	WHAT	
iffica	hysic ple val, g		13.	FATHER'S NAME	D + 7.7					THER'S MAIDEN						
cert	anding phy nit. Then I ar removal		1.0	William	R IN U.S. ARMED FORCES?	116.6	OCIAL SECURITY NO	17 19	NFORMAI	fariah	HOIIMA	<b>n</b> Addi	TO CE			
death			(Ye	s_na, ar unknawn) N O	(If yes give war ar dates	of service)	Unk.				ngfiel	d State				
of the	d by the att I-transit per I, crematian,			18 CAUSE OF DE PART I. DEAT	ATH (Enter only one con H WAS CAUSED BY IMMEDIATE CAUSE	use per line for Lobar	(a), (b), and (c).)  representations  re	a						QS ON:	RVAL BET ET AND D VS	WEEN DEATH
es th	ed b ol-tro			Canditions, if any,	DUE									١.		
phy	sign buri buri			rise to immediate	e cause (a),	TO	failure				<del></del>			da	ys	_
aw r	as the priarta			stating the under	)	(c)	al valve s							уеа	rs	
Tile I atter	e he ne he n	*-	CERTIFICATION	quartiyir	orain syndrig phrase.	Jostruct	cion or co	mmon	DOWE	ar duct	hv øa	ll stone	with		WAS AUTO PERFORM S 🛣	OPSY IED? NO [
rSinial aspital					CAUSE OF DEATH MEDICAL EXAMINER)		ary cirrh	osis	ton metal	liver.		Lili-of tem 18.)				
FOR MOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or	er this certi e detached ate Dept. o		MEDICAL	p.m		While at wark	JURY OCCURRED  Not While  at wark	facto	ary, street,	URY (Hame, farr , affice bldg , etc.	.)	(City or tawn)	((c	iunty)	(	(State)
N P	DIRECTOR: After ge 3 shauld be c led with the State			21. I certif	fy that (I) (this has eceased alive an_	spital) attend	led the deceased	fram 2:	-30-0	accurred at	9:15 E	0, <u>10–27–6</u> M f, fram causes			at (I) (	
DIN ATTE	Sheel Sheel Sheel Sheel			22a SIGNATURE	(YC)	20-21-0	7	una ma	ueum	ucconea de	4450		22b. [	ATE SIGN	ED	uou-
pe re	DIRE ed w				Cliffe	clopy	Lalin	t M.D	). PHYS		MED. DIRECTOR			27-6		
PITAL may	fo FUNERAL DII director, page shauld be filed	1		22c. PHYSICIAN'S NAME (Type)		REDO	MLABI	RIT		S	ykesvi	ield Sta lle, Mar	yland	l	aı	
Page 4	Fert Haul		23σ	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b, DATE TH		23c. NAME OF CEM					CATION (City or To		(County	,	tate)
•	_			REMOVAL (Specify) Burial Funeral Director		L=00	Olivet	veme	ter	2Sq REC'	D BY REGISTS	Va.	EGISTRAR'S	rla rd SIGNATUR	4	
2	R A15 (4) 0 M 1/66	X.	7	Unny 7	Ilen Hai	shit	Shinis	16.	MA		NOV 3	1966		arle		LAF



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY Carroll MARYLAND Baltimore City b CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore lyr.10mos.12dy Sykesville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Springfield State Hospital 1213 W. Mosher St. YES NO DE 3 NAME OF Middle Lost 4. DATE Month Ува: OF DECEASED (NMN) BRISCOE OCTOBER 24 19 66 BETTY (Type or print) DEATH B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED jast birthdoy) 1-1-1890 Female WIDOWED DIVORCED Negro 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) U.S.A. INDUSTRY Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME maiden name unk. Lanse Mayo Jane IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) No C. Pinkney Briscoe 1213 Mosher None NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUF TO Years Conditions, if any, which gave (b) Coronary arteriosclerosis with old infarcts rise to immediate cause (a), DUE TO stating the underlying couse Years ( Savere nephrosclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

Chronic brain syndrome assoc. with corobral a rteriosclerosis, without qualifying phrase 19 WAS AUTOPSY PERFORMED? YES 🛣 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING E. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram 12-12-64 , that (1) (we) last M, fram causes and an the date stated above and that death accurred at 3:20 saw the deceased alive an 10-21-66 22b. DATE SIGNED 22o. SIGNATURE 10-24-66 PHYS Springfield State Hospital PHYSICIAN'S NAME (Type) Agustin del Campo, M. D. Sykesyille, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL, CREMATION 23b. DATE THEREOF (County) (Stote) iltimore. ..uburn Cemet .rv Harvl EUNERAL DIRECTOR-

requires that the death certificate be executed within 24 hours after death by the funeral Poges 1 and and completely filled in by the remove carbon papers. Pagens any event, within 72 hours in any ond physician c hen peose offending signed by the ottending burial-tronsit permit. In buriol, cremotian, or rest Page 4 may be retained by the hospital or attending physicion. the has been Dept. of Health prior to r this certificate h detached for use O FUNERAL DIRECTOR: After director, page 3 should should be filed with the

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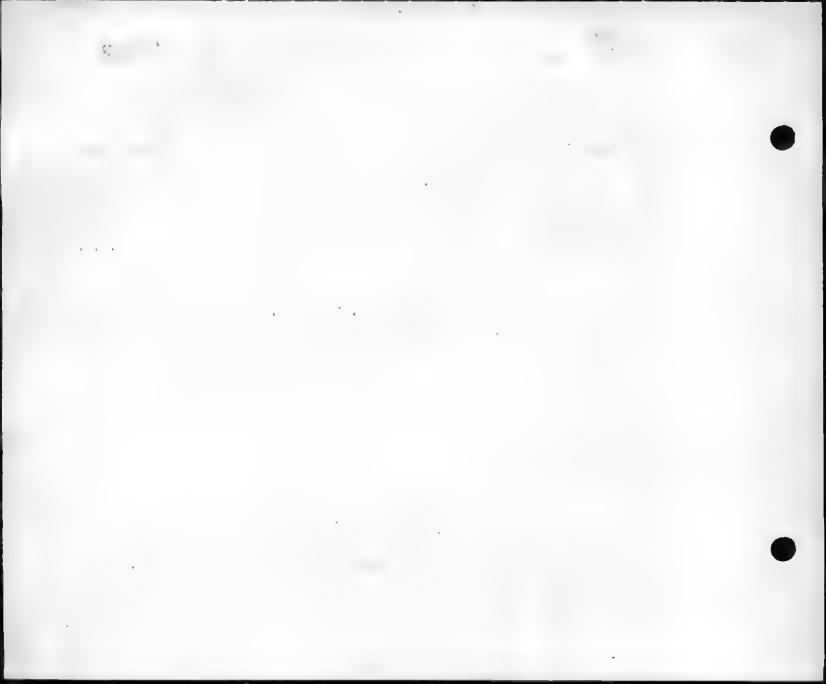
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral unrector, mage 3 should be detached for use as the burial-transit period. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or-removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1200

1. PLACE OF DEATH 2. COUNTY CARROLL COUNTY D. CHTY OR YOWN (of Details exported limits, cleaned before admission) D. CHT OR YOWN (of Details exported limits, cleaned before admission) D. CHTY OR YOWN (of Details exported limits, cleaned before admission) D. CHTY OR YOWN (of Details exported limits, cleaned before admission) D. CHTY OR YOWN (of Details exported limits, cleaned before admission) D. CHTY OR YOWN (of Details exported limits, write RURAL and give nearest town) SYKRSVILLE D. ANAME OF DETAIL OR HOUSE LINGERS BOARDING HOUSE D. ANAME OF DETAIL OR H		
CAROLL COUNTY  MARYLAND  b. CITY OR YOWR (If Outside corporate limits, write RURAL and give nearest town)  Write RURAL and give nearest town)  SYKESY TILE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  LINGERS BOARDING HOUSE  4. STREET ADDRESS  6.		
D. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) SYKBSVILLE  I. ANME OF CHOSPITAL OR INSTITUTION (If not in hospital, give street address)  LINGERS BOARDING HOUSE  A. RAME OF CHOSPITAL OR INSTITUTION (If not in hospital, give street address)  LINGERS BOARDING HOUSE  A. RAME OF CHOSPITAL OR INSTITUTION (If not in hospital, give street address)  LAURA  M. BROADFOOT  BEATH OCTOBER 26. 26. 18.6  SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   6. DATE OF BIRTH  TORS. USUAL OCCUPATION (Give kind of work done)  LINGERS BOARDING HOUSE  TORS. SEX  6. COLOR OR RACE 17. MARRIED   NEVER MARRIED   6. DATE OF BIRTH  TORS. USUAL OCCUPATION (Give kind of work done)  LINGERS BOARDING HOUSE X DIVORCED   APRIL 24, 1888 78. WIS.  TORS. USUAL OCCUPATION (Give kind of work done)  LAURA  M. BROADFOOT   APRIL 24, 1888 78. WIS.  TORS. USUAL OCCUPATION (Give kind of work done)  LOUIS HAVE A COUNTRY   LAURA   LAU	CARROLL COUNTY	a. STATE MARYLAND b. COUNTY
SYKESVILLE  d. NAME OF PROSPITAL OR INSTITUTION (if not in hospital, give street address)  LINGERS BOARDING HOUSE  3. NAME OF OFTEN LAURA  4. BROADFOOT  5. SEX  6. COLOR OR RACE   1. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  5. SEX  6. COLOR OR RACE   1. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  5. SEX  6. COLOR OR RACE   1. MARRIED   NEVER MARRIED   12. BIRTHPLACE (Count's & State, or feeding neombry)   12. CITYZEN OF WINDERSON   13. BIRTHPLACE (Count's & State, or feeding neombry)   12. CITYZEN OF WINDERSON   13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDER NAME  15. WAS DECEASED EVER IN U.S. ARIVED FORCES?  16. COLOR OF BEATH (Enter only one cause per line for (a), (b), and (c), a	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH DF STAY IN 1b	
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   C. STREET ADDRESS   C. ST		PAT TIMODE
LINGERS BOARDING HOUSE  3. NAME OF FIRST Middle Last 4. DATE Month Day Year DECRASED TO THE PROPERTY OF STATE O		d. STREET ADDRESS   6. IS RESIDENCE
3. NAME OF DECRASED OF DECRASED (Type or print)  LAURA  M. BROADFOOT  DECRASED (Type or print)  LAURA  M. BROADFOOT  DEATH OCTOBER 20, 26, 186  S. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  JOS. USUAL DOCUMENTOR (Give kind of work done of working life, we not if returned)  REFINALE  WHITE  WIDOWE X. DIVORCED   APRIL 24, 1888   S. AGE (IN years   IFUNDER 24HRS.   Months   Days   Hours   Min.    78 yrs.  100. USUAL DOCUMENTOR (Give kind of work done of working life, we not if returned)  REFINALE  WHO WORK MIN.  REFINALE  WHITE  WIDOWE X. DIVORCED   APRIL 24, 1888   S. AGE (IN years   IFUNDER 24HRS.   Months   Days   Hours   Min.    100. HUNDOR X. ARRIED (Country & State, or foreign country)  REFINALE  ARYLAND  11. BIRT HPLACE (Country & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY.  REFINALE  ALBERTA		DN A FARM?
DECRASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. AGE (II) years   IF UNDER I YEAR IF UNDER 24 HES.  FEMALE   WHITE   WIDOWED EX   DIVORCED   APRIL 24, 1888   78 yrs.    100. USUAL DOCUMPATION (cite kind of work done during most of working life, even if retried)   100. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY    RPITIRD HOMEMAKER   14. MOTHER'S MAINE   1		
S. SEK  G. COLOR OR RACE  T. MARRIED  NEVER MARRIED  NEVER MARRIED  S. DATE OF BIRTH  S. DATE OF BIRTH	DECEASED	OF
Tempore   Temp		ADFOOT DEATH OCTOBER 20x, 26, 186
Temple   T	7. WARRIED NEVER MARKIED	9. AGE (IN years   FUNDER 1 YEAR IF UNDER 24 HKS.
RETIRED HOMEMAKER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARREST FORCES? (Yes, no. or unknown) (Iffyes) in war ar dakes of sortes)  16. SOCIAL SECURITY ND. 17. IRFORMARY  17. IRFORMARY  18. CAUSE OF DEATH Letter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY:  19. Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO  20a. ACCIDENT WAS UNDERLYING. (b)  20b. CONTRIBUTION CAUSE OF DEATH (b)  19. WAS AUTOPSY PERFORMEDT (PETPLEMENT)  20b. TIME OF INJURY Month, Day, year 20d. INJURY OCCURRED (Enter nature of Injury in Part I or Part II of Item 18.)  21. I certify that (I) (this hospital) attended the deceased from Saw who deceased alive on 19 at work 19 at work 22a. SIGNATURE  22a. SIGNATURE  22a. SIGNATURE  22a. BURIAL CREMATION, 23b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 23d. LOGGION (CITY, town or county) (State)  BURIOL CREMATION, 23b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 23d. LOGGION (CITY, town or county) (State)  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE  25a. REC'D BY REGISTRAR'S SIGNATURE  25b. REGISTRAR'S SIGNATURE		APRIL 24, 1888   78 yrs.
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13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  ALBERTA  Address BALTIMORE 21207  16. SOCIAL SECURITYND. 17. INFORMANT NO  18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO gave rise to immediate cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  DUE TO TO CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  DUE TO TO CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  DUE TO TO CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  DOB. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  DOB. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  TO CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  DOB. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CAUSE OF DEATH HOW INJURY OCCURRED LOOK OF INJURY (HOME, farm, for Part II of Item 18.)  TO CONTRIBUTING CONDITIONS CONTRIBUTING TO COUNT	RETIRED HOMEMAKER	1 - 4
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15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17. INFORMANT   17. INFORMANT   18.   17. INFORMANT   18.   18.   17.   18.   19.	RICE	ALBERTA
NO  218-34-0472 MR, ROLAND W, BROADFOOT, 14 GWYNN TAKE DRIVE  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the UE TO  OR CONTRIBUTING CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED? YES NO  208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING OF INJURY Month, Day, vear CO. TIME OF INJURY Month, Day, vear While At work At work  21. I certify that (i) (this hospital) attended the deceased from at work of actory, street, office bidg., etc.)  221. I certify that (ii) (this hospital) attended the deceased from Attended the deceased from State of Death Office bidg., etc.)  222. PHYSICIAN' NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)  10-31-66  LOUDON PARK CEMETERY  BALT IMORE  MARYLANDD  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR 25b. REBISTRAR'S SIGNATURE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, if any, which gave rise to immediate cause (a), stating rise in the part in or p		INTERVAL BETWEEN
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gave rise to immediate outse (a), stating the cause (as). Stating the cause (as) and that death occurred at middle cause (as). Stating the cause last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO [2]   1	Conditions if any which \	chonosis"
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)  While at work	20a, ACCIDENT WAS UNDERLYING     20b, DESCRIBE HOW INJURY OCCUP	
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21. I certify that (I) (this hospital) attended the deceased from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town or county)  23d. LOCATION (City, town or county)  23d. LOCATION (City, town or county)  24. FUNERAL DIRECTOR  25d. REGISTRAR'S SIGNATURE	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town or county)  23d. LOCATION (City, town or county)  23d. LOCATION (City, town or county)  24. FUNERAL DIRECTOR  25d. REGISTRAR'S SIGNATURE	Hour a.m. While Not While	y, street, office bldg., etc.)
saw the deceased alive on 19 o and that death occurre at M, from the causes and on the date stated above.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town or county)  (State)  23d. LOCATION (City, town or county)  (State)  24. FUNERAL DIRECTOR  25d. REGISTRAR'S SIGNATURE		10 70 - 10 0 TO 10 10 10 10 10 10 10 10 10 10 10 10 10
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22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 10-31-66  LOUDON PARK CEMETERY  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL (Specify) 10-31-66 LOUDON PARK CEMETERY BALTIMORE, MARYLANDO  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	GROOD O. WILLOW ME	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (state) BURIAL (Specify) 10-31-66 LOUDON PARK CEMETERY BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S	
BURIAL (Specify) 10-31-66 LOUDON PARK CEMETERY BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type) - RESEVEL TENS	3 15 then heave Class
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	BURIAL (Specify) 10-31-66 LOUDON PARK CE	METERY BALTIMORE, MARYLAND
HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229 DATE OCT 31 1966 Scharles Judge.	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21	229 DATE OCT 3 1 1966 Scharles Judge

VR A15 (4) 15M 4-64



TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DESCRIPTION Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 3500 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13983

1.	a. COUNTY	Carrol	1	*******	a, STATE			b. COUNT	Υ	insence before as	31013510113
-	b. CITY DR TOW	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	Mary 1	corporate la	Balte mits, write	e RURAL a	ind give neare	st town)
_5			,	ospital, give street address		re					25005
8	ykesvill	e, Md.	JN (41 HOT HE HO	)spital, give street adures:	d. STREET ADDRE	city 1	0 E. I	Hami	lton	e. IS RES	FARM?
3.	NAME OF		Irst	Middle	Last		ATE	Month		Day Ye	
	(Type or print)	Clemm		May	Brown	0	EATH	Oct			66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (Ir	thday)	FUNDER 1	YEAR IFUNDE	R 24 HRS.
	'emale	White	WIDOWED			- 104-40 01	1	yrs.		TIZEN OF WHAT	
dur		IDN (Give kind of work ing life, even if retire	done lup. Ni	ADUSTRY	11. BIRTHPLAC	E (State of	toreign count	ту)	CDU	UNTRY?	
13.	Music To	eacher E	1		North 14. MOTHER'S N	Caroli	ina —			U ei	S.A.
	George B	rown			Clara	St	one				
15 (Yt	. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o	ORCES? 15.	SPCIAL SECURITY NO. 4 17	. INFORMANT			Address		kesvill	в,
_	No			Unichelin	Springfiel	d St.	Hosp.	Recor	'ds	Md.	
		DEATH (Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	r: Hea	ine for (a), (b), and (c).]  art Failure					•	INTERVAL BE ONSET AND VEOKS	TWEEN DEATH
	Conditions, If	DUE any, which \	to Cor	conary artery	sclerosis	an: n	mitral :	valve			
	gave rise to cause (a), si			ufficiency							
7	underlying caus		(E)		Times to the section	IAI DIOCADE	COMPLETONS	OVENIMA	BDY 1(a)	Years	Vacouti
CATION	CBS wit	h cerebral	arteri	osclerosis wi	th psychot:	ic rea	ction	HYENTNY	KKI I(a)	19. WAS AL PERFOR	RMED?
CERTIFICATION	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [] TH.	20b. D	DESCRIBE HOW INJURY DC	CURRED. (Enter natur	e of injury	In Part I or F	Part II of	Item 18.)		
MEDICAL (	20c. TIME DF Hour a.m				LACE OF INJURY (Hometory, street, office bld)		Of. (City or	town)	(Coun	ity) (	State)
	21. I certify	that I took charg	e of the rem	eins described above, !	reld an Autopsy 📑	f, Inspe	ection,	inquir	у 🔲,	and in my	opinion
	death result	ed from: Natura	Causes 🔀	, Accident, S		nicide	],	rmined n	nanner		
	ACTUAL	124/00	11/	Too ible	M.D. ASSISTANT	ICAL EXAM MEDICAL E		1		22. DATE	SIGNED
	SIGNATUREL_4	24 03- 8	//	/	DEPUTY ME	EDICAL EXA	MINER 🔽	10.0		10-30	20
_	EXAMINER'S NAME (Type)	W.Glenn Sp					tenen or four				mill
		ATION, 23b. DATE scify)	THEREOF -	Salem Ce			i. LOCATION inston				Mey
24	Jurial - T	CTOR	-1-66	ADDRESS	25a.		REGISTRAR	25b. RE0	GISTRAR'S	SIGNATURE	
		Wiedefel eMd2		e 6500 York	Rd. DATE	NOV :	3 196	6 %	Cliar	les Jud	ge.
1	CLI LINUI	to a little of									



## MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

		Division at SIATISTICA	L RESEARCH AND RECURDS, 301	M' LKEZION ZIKE	EI, BALIIMURE, MARYLA	ND 21201						
		1388%										
		PLACE OF DEATH  1 (OUNTY		2 USUAL RESIDENCE (W	here deceased lived, if matitution b. COUNT							
		Carroll	MARYLAND	marylano		arroll						
	b	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	CITY OR OWN (IF out	side corporate limits, write RURA	L ond give neorest town)						
	1/2	write RURAL and give nearest town)	2 year	Finksh	wras	1						
	d	NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE						
;	7	Hoston Boarding.	Home_			ON A FARM? YES NO						
	1	NAME OF DECEASED Type or print)  ADAH  Aurst	MYRLE BUCKI	NAHAM	4 DATE Month OF DEATH OF	Doy Year 1966						
	S. S		MARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	4	innle white "	VIDOWED DIVORCED 0	ing. 9,188	lost birthdoy) Syrs.	Months Doys Hours Min.						
	dura	USUAL OCCUPATION (Give kind of work done or most of working life, even if retired)	10b. KIND OF BUSINESS OR INJUSTRY	BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	n	The wife		Carry	orma.	4.5.4.						
	13.	FATHER'S NAME		14. MOTHER S MAIDEN N	AME							
	0	Tenos winfield	Caple	Uluce	Jaylor							
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((if yes give wor or dotes of sen		NFORMANT	Address	2 Landrake Rd						
	1100	(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	- 7m	2 Harred E	· Harvey 3	Lowson md.						
		18. CAUSE OF DEATH (Enter only one couse of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).)	entie	CVO	INTERVAL BETWEEN ONSET AND DEATH						
		DUE TO			(	Lear						
		Conditions, if ony, which gove ) (b)				- u						
		rise to immediate couse (o), Stoting the underlying couse										
		lost. (c)										
Z)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO						
	TIFIC	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in P	Port I or Port II of item 18.)							
	L CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		E OF INJURY (Home, form,	, 20f. (City or town)	(County) (Stote)						
	ME	Hour o.m. 19	While Not While of work	ory, street, office bldg., etc.)								
		21. I certify that (I) (this haspita	l) attended the deceased fram	ang 12,1	943 to 10/10	, 19 <u>&lt;_</u> , that (I) (we) last						
		saw the deceased alive an	<u>े / है / ५८६</u> 19, and that	death accurred at	M, from causes a	nd an the date stated above.						
		220. SIGNATURE	M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED						
		22c. PHYSICIAN'S		22d. ADDRESS								
/		NAME (Type) ME. ROBER	?TSON	new	Windsor	hid.						
	230.	BURIAL, CREMATION, 23b. DATE THEREO	F / 23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Tow	ŋ) (County) (Stote)						
	/	SEMOVAL (Spregty) Oct. 12	66 Sandyana	mit Cem et	I Ambahne	RA. Carollinal						
1	24	FUNERAL DIRECTOR	- ADDRESS	2So. REC D		ISTRAR'S SIGNATURE						
K	5	L.S. Muselo, X. W.	trumety med	. DATE O	2201 0 1 TO							

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, mage 3 should be detached for use as the burial-transit permit. Then please service carbon papers. Pagess and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.



ofter death.

hours

(County) (State)

..., to\_\_\_\_\_the ' last saw the c

ccurred at.\_\_\_\_\_M, from the causes and a ACDRESS (Street, city or town, state)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13983	CERTIFICATE OF DEATH	131	986
1 PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (V	Vhere deceased lived, if institution: Residence	before odmission)
	OUNTY MARYLAND O. STATE ARV	LAND b. COUNTY CAX	PROLL
b CITY OR TOWN (If gutside corograte limits.	c LENGTH OF STAY IN 16 C CITY OR TOWN (If au	tside carporate limits, write RURAL and give in	neorest town)
NESTMINSTER	4.DAVS MEST	MINSTER	1027 - " ·
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,		WAN AVE	e IS RESIDENCE ON A FARM?
write RURAL and give nearest town)  d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,  CARROLL COUNTY GL	-N. HOSP 3750L	LIVAN AYE	YES NO 🔀
3 NAME OF First DECEASED AAADC ADD	Middle Lost	4. DATE Month	Doy Year
(Type or print) / A COLOR OR RACE 1 7 MARRIED	NEVER MARRIED   8 DATE OF BIRTH	9. AGE (In years - 18 UNDER ) Y	·
WIDOWED WIDOWED	- HOLLING LO		Poys Hours Min
		& Stote, or foreign country) 12 CITIZ	EN OF WHAT
DPKRATED N' GENERAL STORE	1 Detr	007	ITRY,?
13 FATHER S NAME  JOHN HENRY 18	14. MOTHER'S MAIDEN I	DE E. FISH	VER
- (Yes an assurance) (Of manus and dates of consequence)	SOCIAL SECURITY NO 17 INFORMANT	Address/36 h	VHITELY,TER
(185, 100, or unknown) (it yes give wor or dones or service)	19-34-4075 SISTER MARY	METTEE DARBY	PA. 19023
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c),}		INTERVAL BETWEEN ONSET AND DEATH
	T 1 T 1/2 4 X		
Conditions, if ony, which gove (b)	rterioschute Neart Dis	na-	
stoting the underlying couse DUE TO	les de Tourselles		
, (c)			19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO		PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED (Enter noture of injury in	Part I or Port II of item 18.)	
3 20r TIME OF INJURY Month Doy Year 20d	INJURY OCCURRED 20e PLACE OF INJURY (Home, form		ly) (State)
≥ p.m. 19 of wc	ork at work		
21. I certify that (I) (this haspital) atte	nded the deceased fram OCt3 , 1	966 to Oct 6 , 1966	, that (I) (we) last
saw the deceased alive an cock 6	19 66, and that death accurred at	M, fram causes and an the	
220. SIGNATURE	M.D. ATTENDING M.D. PHYS	MED STAFF DIPLOM	/
22c. PHYSICIANS (	22d ADDRESS	DIRECTOR CO FITTS. CO F	700
/ NAME (Type) JOHN S. H	ARSHEY M.D. Sauch	at Washing	the final.
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (C	ounty RR (State)
KURIA E 006. 7,1766	ADDRESS 250, RECT	BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
24 EUNERAL DIRECTOR			Les Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Therefease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or referral and any event, within 72 hours after depther TO HOSPITAL OR ATTENDING TYSICEM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

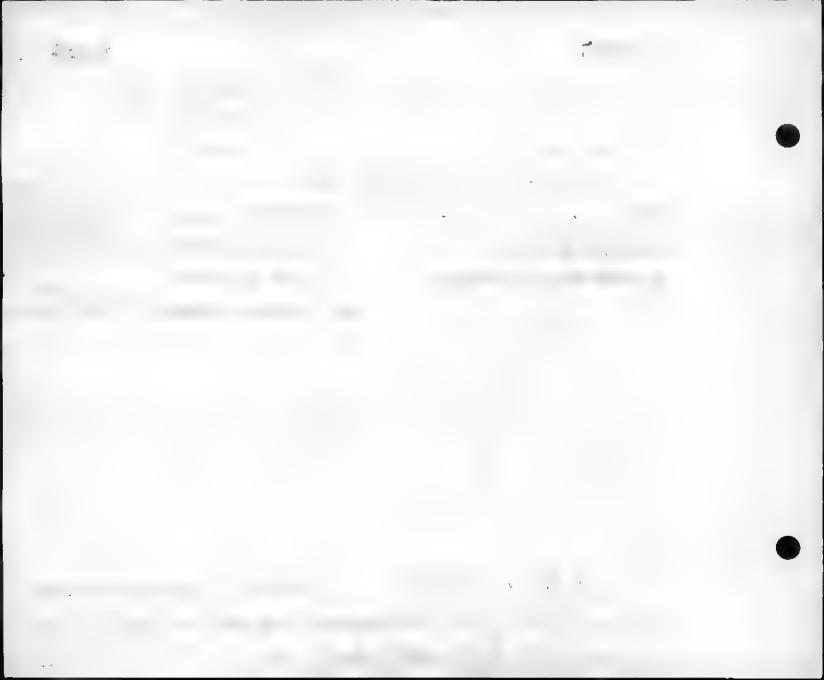
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

132	<u>54</u>	CERTIFICAT	E OF DEATH		3987
1. PLACE OF D a. COUNTY	EATH			re deceased lived, If institution: R	lesidence before admission)
2. 0001111	sell	MARYLAND	a. STATE	b. COUNTY	nne
b. CITY DR	TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL	
Wille Ki	RAL and give nearest town)	21/2 mo.	typures	md.	
d. NAME OF	HOSPITAL OR INSTITUTION If not in t	iospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Jongra	w hensing Home	12 FN. manist	Cled Homove	~ Rd	DN A FARM?
3. NAME OF DECEASED	<b>O</b> First	Middle	Last 4. D	ATE Month	Day Year
(Type or pr	Int) Hord	Bille (		EATH CLIT17	1966
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IFUNDER   last birthday)   Months	
June 1	e white WIDOWED	DIVORCED	may 13; 1894	7 2 yrs. Monuis	Days Hours Min.
10a. USUAL OCC		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &:		ITIZEN OF WHAT
1.1	عسرد	HOUSTRI	Ret Co. on		UJA.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAM	AE A	
C-5-0-4	and A. Burke		Ida m	ay Bolt	
15. WAS DECEA	SED EVER IN U.S. ARMED FORCES? 16 wn) (If yes give war or dates of service)		INFORMANT	Address	ELI NEUMA RC
no	- 40	10-48-3641 m	is Henry Lev	z-daughte.	Um cand.
18 CAUSE	DF DEATH [Enter only one cause per	line for (a), (b), and (c).]		d* d	INTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Conclud	Lhumbor	~2	ONSET AND DEATH
4 ,	od / DUE TO	2		, .	- tay
Conditions,	If any, which } (b) ar	terrorde	eatic Can	deo	5 um
	to immediate (	0	^		
underlying	STATING THE	irular,	Dereve		
	HER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTI					PERFORMED?
E 20a ACCID	ENT WAS UNDERLYING []   20b.	DESCRIBE HOW INJURY DOCU	RRED. (Enter nature of Injury	In Part I or Part II of Item 18	
DR CONTRI	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	- Equitible How Indon't bagge	Wifers from the or miles?		*7
		NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20	Of. (City or town) (Cou	inty) (State)
	a.m. While	facto	ry, street, office bidg., etc.)	31. (GI() OI (OMII) (GOL	inty) (stere)
₹	p.m. 19 at wor				
21. I c	ertify that((I))(this hospital) attend		19/		6, that (11) (we) last
	deceased alive on Cot /2	19.66, and that	death occurred at 7:500	A, from the causes and on t	
22a. SIGN	ATURE IN TO	1	ATTENDING - MED.	STAFF 22b. D	ATE SIGNED
	10 11 11 was	M.D	. PHYS. Let DIRECTE	DR PHYS.	111166
	E (Type) W.H.FO A	rd MD	MANCh	ester. N	14.
23a. BURIAL, C	REMATION, 23b. DATE THEREDE	23c. NAME DF CEMETERY	OR CREMATORY   23d	. LOCATION (City, town or co	unty) (State)
REMOVAL (Specify) Oct. 20, 66 St. Paul Cemetery Arcadia					
24. FUNERAL		ADDRESS		REGISTRAR   25b. REGISTRAR	'S SIGNATURE
Tipton-E	line Funeral Home H	ampstead. Md.	DATE OCT 2	1 1966 / Care	les Judge

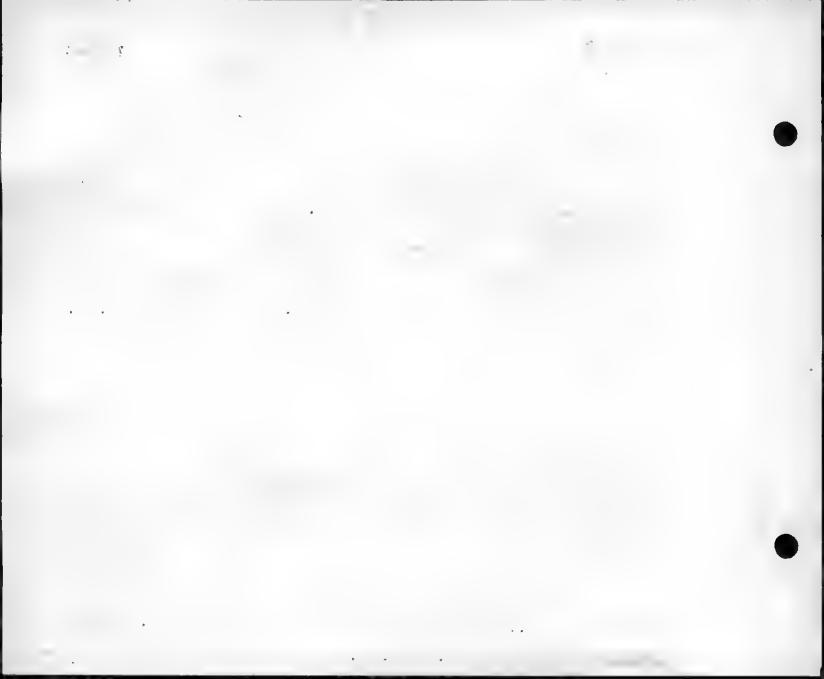


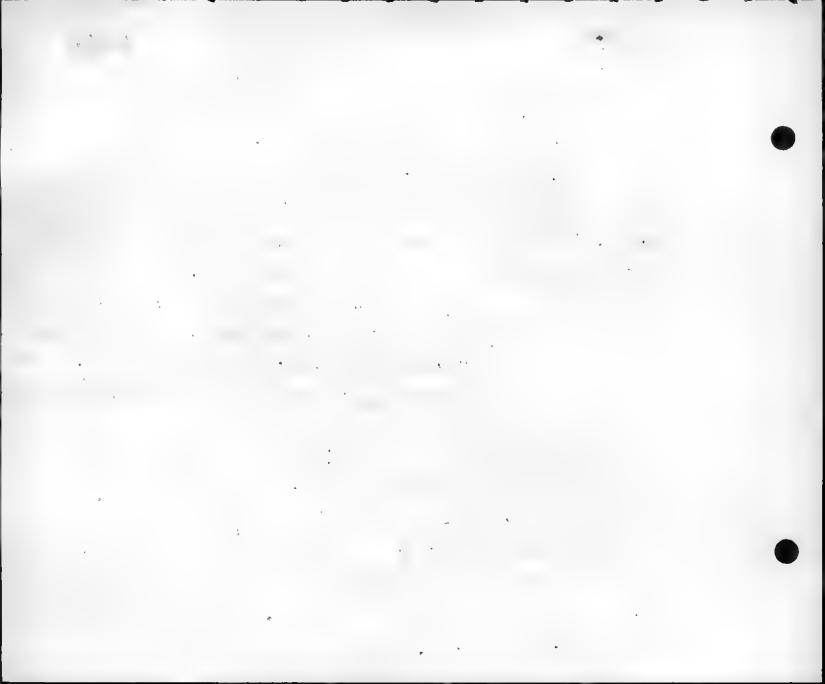
## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		13885	CERTIFICATE OF DEATH	13988
24 haurs after death ed in by the funeral ppers. Pages 1 and 2 no 72 haurs after death		PLACE OF DEATH  a. COUNTY  APPROVIS	2. USUAL RESIDENCE (Where deceosed lived, it is started by the sta	nstitution. Residence belore odmission) . COUNTY CARROLL
s after the fur ages 1 rs after	$\vdash$	b CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN TO C. CITY OR TOWN (It outside comparate limits, wri	ite RURAL and give nearest tawn)
by t Pa		write RURAL and give nearest town)	SOYRS+ WESTMINSTER	6611
in 24 haurs o illed in by th papers. Pag hin 72 haurs (		d. NAME OF HOSPITAL OR INSTITUTION (IT not		0. IS RESIDENCE ON A FARM? YES \( \subseteq \text{NO \( \overline{\subseteq} \)
ely f		NAME OF DECEASED (Type or print) CLEMIE	Middle Lost 4. DATE OF	Month Day Year  10 21 1966
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In ye lost birthd	ors IF UNDER 1 YEAR IF UNDER 24 HRS oy) Manths Days Haurs Min.
	10c	USUAL OCCUPATION (Give kind of work done ing most of working life, even if refired)	10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country)	COLINIDA 5
icate by sician please II, and i	13.	FATHER'S NAME	MEDFORD CARRO  14. MOTHER'S MAIDEN NAME	icca U.J.U.
th certifica ling physi Then pl remaval,	1	4. STEWART R		
a di ta		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes of	service) 16. SOCIAL SECURITY NO 17. INFORMANT MRS EILEENN. WEBEN	Address 1801 CODY DR.
s that cian. d by th l-transi		IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ( DUE 1 Conditions, if any, which gave )	e per line for (o), (b), and (c))  O CORONARY INSUFFICIENCY	INTERVAL BETWEEN OWSET AND DEATH
2 2 2 2	CERTIFICATION	rise to immediate cause (a), stating the underlying cause		
: The law in attending e has bee use as th		PART II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN:  haspital ar  is certificate tached for u Dept. af Heali		20a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1	(B.)
2 = + 8 =	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, While of wark of work   City or tox	wn) (County) (State)
ENDING BY R. After Ald be the State				USES and an the date stated abave.
OR ATTEN be retained DIRECTOR: a ge 3 shauld led with the		220. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS.	22b. DATE SIGNED /
,		PHYSICIAN'S NAME (Type) VINCENT	S. FIOCCO PANCHOR ST. WE.	STMINSTER Md.
O HOSPITAL Page 4 may O FUNERAL directar, pag shauld be fi	230	BURIAL, CREMATION, 23b. DATE THEI REMOVAL (Specify)		or Town) (Caunty) (State)
VR A15 (4)	2	FUNERAL DIRECTOR		Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13886 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death funeral 7 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) o. COUNTY b. COUNTY Mary land filled in by the functions. Pages 1 c hin 72 hours after d Carroll Carrol1 MARYLAND b. CITY OR TOWN (If outside corporate limits. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Westminister Westminister d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Carroll County General 122 Cityview YES NO CO and in any event, within Middle remove carbon 3. NAME OF First Lost 4 DATE Month Dov DECEASED Willard Zeruah Dion 10 DEATH (Type of print) IF UNDER 24 HRS B. DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR 83 birthdoy) Months Dovs Hours Sept.3,1883 Female White DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) ease during most of warking life, even if retired)
HOUSEWITE At Home CHINTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME en David Woolard Not Obtainable Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit (Yes, no, or unknown) (If yes give war at dates of service) Westminister, Md. Alonzo H. Dion burial, cremation? INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY VPERNEPHROMA RIGHT IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DHE TO Canditians, if any, which gove PROBABLE METASTASES rise to immediate cause (a), **DUE TO** stoting the underlying cause as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hos CERTIFICATION use ABETES MELLITUS YES NÖ FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. Not While foctory, street, affice bldg., etc.) ot work at work 10/12 1966 10 21 | certify that (I) (this hospital) attended the deceased from\_ 10/19, 1966, that (1) (we) last filed with the 1966, and that death occurred at 10 95 M, from causes and on the date stated above. 10/19 saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. director, page should be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Bladensburg, Maryland Ft Lincoln Burial 2Sq. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE EMNERAL DIRECTOR VR A15 (4) 20 M 1/66 Melanley 1956 Funeral Home.Inc. Alex., Va. Cunningham





- 4	M		13588	CERTIFIC	ATE OF DEATH		13991
death		I	PLACE OF DEATH O. COUNTY CAPPOIL	NAPA N	o. STATE	(Where deceased lived, if institu	Ition: Residence before admission)
uted within 24 haurs after death impletely filled in by the funeral ve carban papers. Pages 1 and	S OTTE	-	b CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1	b C CITY OR TOWN (IF	outside corporate limits, write Rt	
haur in by ers. P	ngu z		d. NAME OF HOSPITAL OR INSTITUTION (IF not	1/e 7Mc, 30 in hospitol, give/styfeet oddress),	d. STREET ADDRESS	Sy Kesvill	B IS RESIDENCE ON A FARM?
filled pap	) ulu ',	2		ate this pita	P.R.3	BOX 270	YES 🖟 NO 🗌
ecuted with campletely ove carban	M (M		OECEASEO (Type or print) LeWis	Oliver		OF OEATH Octob	ber 23 1966
xecute camp	eve	5	Male negro	7 MARRIED NEVER MARRIEO   WIDOWED DIVORCED	B. DATE OF BIRTH	9 AGE (In years last burthday) 76 Yrs.	Months Ooys Hours Min.
te be e		10c dur	USJAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY FROM	Maria	nty & State, or foreign (ountry)	12 CITIZEN OF WHAT COUNTRY? U.S. 9
ertificate h physician hen pleare	to.	13.	John Dorse Y		14. MOTHERS MAIDE	N NAME / Gibb	ohs.
that the death certificate be executed within 24 haurs after death an. by the attending physician and campletely filled in by the funeral ransit permit. Then pleas, remove carban papers. Pages 1 and	cremanian, ar remavai	15 {Y	was Occeased Ever in U.S. ARMED FORCES? es, no. or unknown) (If yes give wor or dotes of s	service) 2/7-16-1150	Spring Tield	Hospital vece	ress Serkéscille
nat the y the a insit pe	emaria		IB. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o	12000	ne fair	URE	INTERVAL BETWEEN ONSET AND DEATH
will mit	puridi, cr		Conditions, if any, which gave ) (b)	DONA PONTO	40 PNEUM	LONIA	onys.
			rise to immediate couse (a), stating the underlying couse (c)				
The lor attent to the bas to the as t	Regim prigr 10	ATION	PART II OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE (	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
可能信息	5	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury	in Port I or Port II of item 18.)	
IG PHYSIC the haspi or this cert detached	State Dept.	MEDICAL	20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m. p.m. 19	20d INJURY OCCURRED 20 While Not While of work of work	De. PLACE OF INJURY (Home, fo foctory, street, office bldg., e		(County) (State)
Z 2 2 2	ne sro		21. I certify that KQ (this haspi	ital) attended the deceased fro	om 2/24-	, 19 60, ta 10/2	3, 1906 that 10 (we) lase ond on the date stated above
retain RECTOR 3 shau	ed with the		220. SIGNATURE	74. 4. T. 1100.	ATTENDING -	MED STAFE	22b. OATE SIGNED
may be RAL DIR	De lied		22c. PRYSICIAN'S NAME (Type)	Poulukylus	M.O. PHYS LI	Oliceton - Illia	nd.
TO HOSPITAL OR ATTE Page 4 may be retain TO FUNERAL DIRECTOR director, page 3 shau	Snauld	230	BUR AL CREMATION, 23b. OATE THERE REMOVAL (SPACIFY) 10-26		RY OR CREMATORY 11e Cemeteri	23d LOCATION (City of T	own) (County) (Store)
YR A15 ( 20 M 1/6	M	24	AMMIN W. Haicht	Sukopy VI	250. RI	CO BY REGISTRAR 256. F	generales Judge

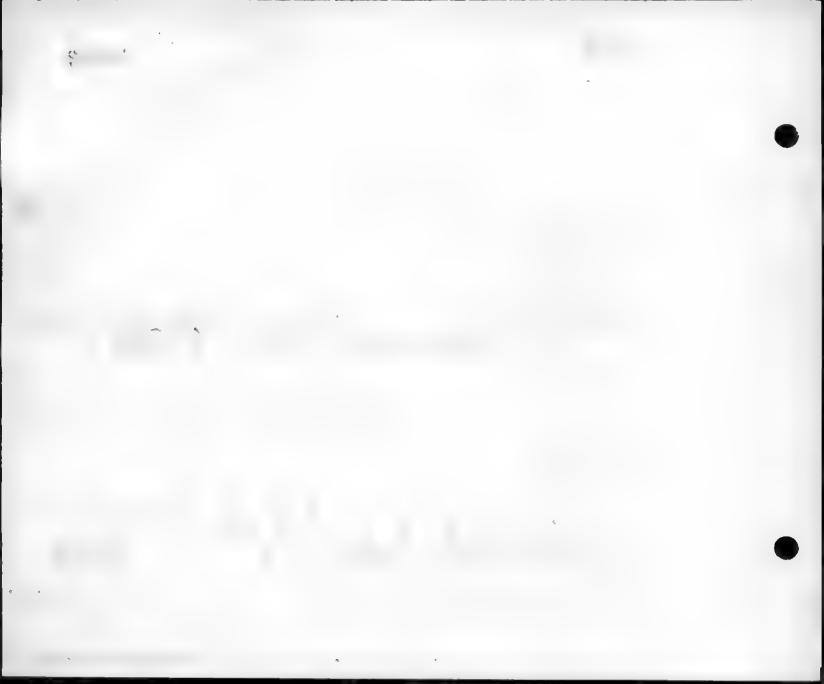


W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY the 12 MARYLAND b. CITY OR TOWN (if outside comorale limits. E. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Z NAME OF Middle DECEASED OF (Type or print) DEATH 1966 5 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Adopths i Days IF UNDER 24 HRS 6. COLOR MARRIED WEVER MARRIED and Months WIDOWED [ DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) ucewis. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 1 16, SOCIAL SECURITY NO. 17. INFORMANT Margaret Numsen. Manchester. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MON IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the undarlying cause bust. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO E 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY (State) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work p.m. 21. | certify that (i) /(this hospital) attended the deceased from. ..... saw the deceased alive on LQ.C. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Slata) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Carroll Co. Md. 10/8/66 Sandymount Cemetery 0 25a. REC'D BY REGISTRAR 25b. REGISTRAP'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1 Hampstead, Md. Tipton-Eline 15M 7-62

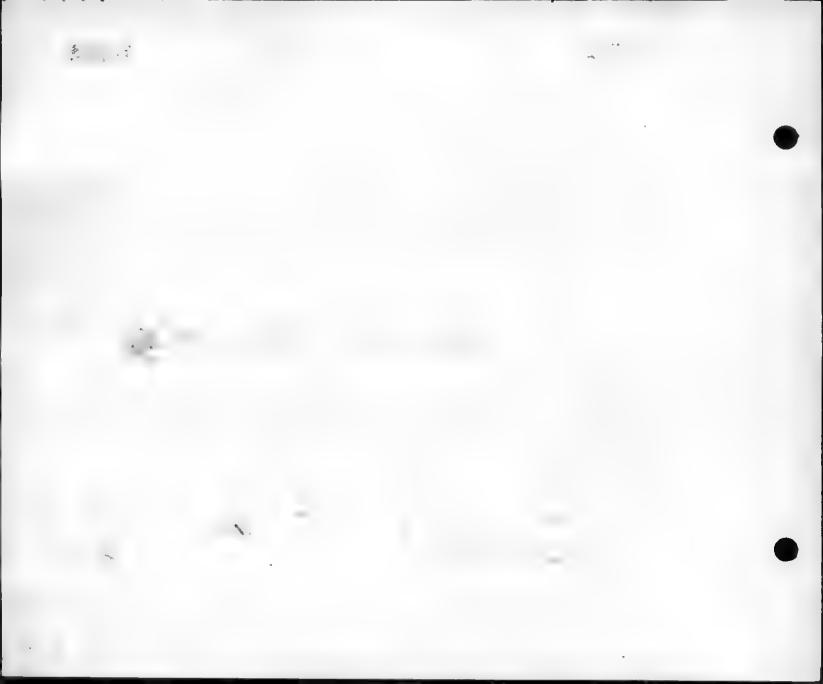
ARTMENT OF HEALTH



. ~			200 19		CERTITI		OI DEATH			1300	
the funerol ages 1 and 2 rs offer dooth	1		PLACE OF DEATH			2	USUAL RESIDENCE (	Where decease			ore edmission)
		(	Carroll		MARYL	.AND	o STATE Narvla	nd	Carro	77	
ges and			CITY OR TOWN (If outside corporate	limits,	C LENGTH OF STAY IN	ι Ib ε	CITY OR TOWN (IF au				est tawn)
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ve ve		S			NEVER MARRIED		ATE OF BIRTH		AGE (In years lost birthday)	Months Days	Hours Hours
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\$ 5 0 0 V	-	213	FATHER'S NAME  Kendall	Floming		14	. MOTHER'S MAIDEN		1.7 - + 1 - 4 · · · ·		
The The		L.				1 2 11 11		inda	Watkins		<u></u>
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atte erm on, o			NO I		Fone	lir.	Kendall	Filem	ing Sam		
at in the			18. CAUSE OF DEATH (Enter only of PART ). DEATH WAS CAUSED BY	ne cause per line for	(a), (b) and (c))	· +	1-Trus		10/72		NTERVAL BETWEEN INSET AND DEATH
by ran			776 X IMMEDIATE		m. mara	nng	LIWIN	<del>) '</del>	200	0	
physicion. physicion. signed by burial-trai		П	Conditions, if any, which gave )	DUE TO							
sign by	i		rise to immediate cause (a), (	(b)							
trending os been as the prior to l			stating the underlying couse last.	(c)							
attending hos been se as the h prior to			PART II. OTHER SIGNIFICANT CONDITI		TO DEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE COL	NDITION GIVEN	IN PART 1(o)	19	. WAS AUTOPSY
hos be as the pri	1)	CERTIFICATION									PERFORMED?
rote cote		FFCA	20a. ACCIDENT WAS UNDERLYING	205. DE	SCRIBE HOW INJURY OC	CURRED. (Enti	er noture of injury in	Part I or Part	If of item 18.)		
hospital or at this certificate ho stached for use Dept. of Health		CERT	OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER			, , , , , , , , , , , , , , , , , , , ,			,		
s se		MEDICAL	20c. TIME OF INJURY Month, Doy, Y		NJURY OCCURRED	20e. PLACE O	F INJURY (Hame, farm	ı, 20f.	(City or town)	(County)	(State)
te de te de		욅	Hour o.m.	19 While of war	Not While	foctory,	street, office bldg., etc.)				
State State				haspital) otten	ded the deceased t	fram	10-19	966,10	10-10	2, 1966,	that (H) (we) last
the the			21. I certify that (f) (this saw the deceased alive	on_/0-/	2 1964,0	nd that d	eath occurred at	11436 W	from couses of	ind an the do	ate stated above
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98.5 ed v be			Mare	100-	ren m	M.D.	PHYS 🔼	DIRECTOR	PHYS.	10/17	1/66
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4 P P P P P P P P P P P P P P P P P P P	/			. Green					Ave		
Page 4 may be retained by the TO FUNERAL DIRECTOR: After 1 director, page 3 should be deshould be filed with the State	0	230	DEMONTAL (C (. )	TE THEREOF	23c, NAME OF CEMET	_	_		ATION (City or Tax	,	ty) (Stote)
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VR A15 (4) . 20 M 1/66	10		FUNERAL DIRECTOR	olia c	ADDRESS			BY REGISTRA		SISTRAR'S SIGNATI	
20 M 1/66	N	9	. M. Waltz Rox	. <41 ST	Resville.	ild.	DATE ()	CT 24	1966	( Care	Judge



	1 (5)			Division of STAT	STICAL RESEARCH AND REC		W. PRESTON STR		YLAND 21201	
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requires that the death certificate be executed within 24 hours after death a physician.	by the funerol Bages I and hoursafts death			PLACE OF DEATH			2 USUAL RESIDENCE (	Where deceased lived, if inst	itution Residence before	admission)
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ute	mp/e c		\$.		7 MARRIED NEVER MARI		DATE OF BIRTH	9. AGE (In years		Hours Min.
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9	physician ond chen please remo		100	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)	ne 10b KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF	TARW
Ф	in a series		001	1.One	INDUSTRI		Westmins	ter, Md.	COUNTRY?	
<u></u>	S all		13.	FATHER'S NAME			14. MOTHER S MAIDEN			
e	g ph Then			Kendall F	eming		Linda	Watkins		
#	ding		15.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO	). 17. <b>1</b> N	FORMANT	Ac	ldress	
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The the	⊕ =		h	18. CAUSE OF DEATH (Enter only one	rause per line-for to) (h) and (c))			1111	INTE	RVAL BETWEEN
ŧ.	d by the			PART I DEATH WAS CAUSED BY: IMMEDIATE CAU	SE (a) 2200	tico	- ( 1001)	U) / lo /	ONS	ET AND DEATH
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uire	signed barial-ti burial, c			Conditions, if any, which gave	(b)					
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ĕiğ	部七二			last.	{c}					
te l	os b om pric		z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(a)	19	WAS AUTOPSY PERFORMED?
# :: □	icote ho for use Hmolth		CERTIFICATION							NO [
NZ O	for F		TEIC	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY	OCCURRED (E	inter noture of injury in	Port I ar Part II of item 18)	•	
Spiigs	erti ed			(IF EITHER, NOTIFY MEDICAL EXAMINER)						
チャ	tad Jep		MEDICAL	20c. TIME OF INJURY Manth, Day, Year			OF INJURY (Home, form		(County)	(State)
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ATTENDIN etained by	語書			saw the deceased alive, on.	18-17 1966	, and that	deoth occurred of	M, from cous	es ond on the date	stoted obove
-	Figure			220. SIGNATURE	nel.		ATTENDING (	MED STAFF	22b. DATE SIGNE	D
<b>8</b> 9	ed 2			Level	1 - Access	M.D.	PHYS 💆	MED. STAFF PHYS	10/19	165
Z A	P E	1		22c PHYSICIÁN'S NAME (Type) Trans 1	1. Green		22d ADDRESS	field Ave.	Jostmins	ton 1 d
TO HOSPITAL Poge 4 moy 8	O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/		Axese L 1						
H0	Tect Double	0	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)				23d. LOCATION (City or		(State)
5 %	5 p 2	W		a / Ut a she to she	ADDRESS	r Spr			CO. J. d.	-
	VR A15 (4)	6		FUNERAL DIRECTOR	241 Sylagyill	0 752		ort 9 / 1866		Judge

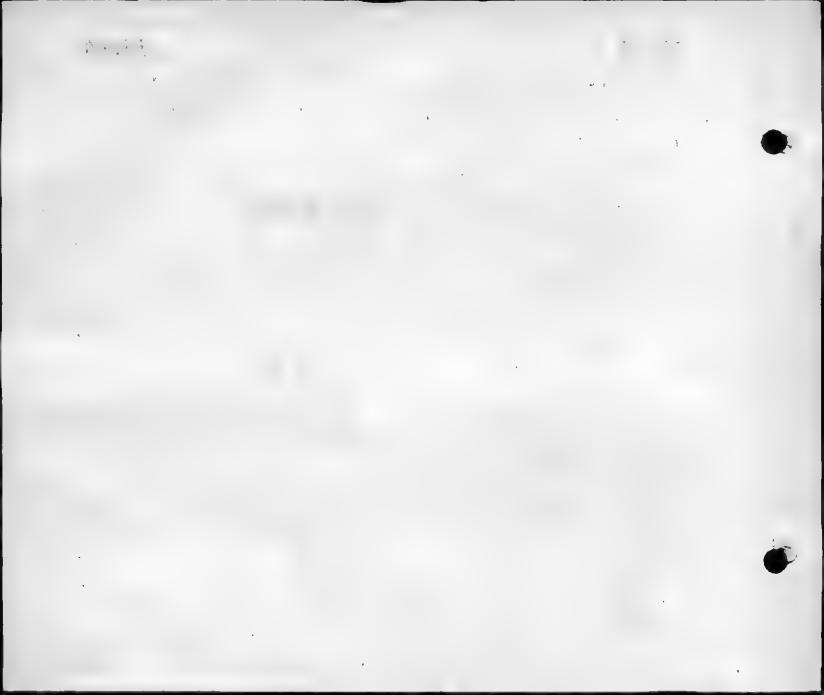


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give neareshtown) write RURAL and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give(street address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 17. MARRIED NEVER MARRIED DATE OF BERTH AGE (In years | IF UNDER 1 YEAR ) IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED 10a. / USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? fore an country) done during most of working life, even if retired) Whitozan 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (livesgive war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Inh IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part I, of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm. 20f. (City or town) [County] (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 21. | certify that (1) Ithis hospital) attended the deceased from .... ....1966..., and that death occurred at the from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7-62



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH TIRTIAL RESIDENCE (Where decresed lived, if institution, Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write e. IS RESIDENCE ON A FARM? YES NO ete NAME OF Day 4. DATE DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER I YEAR SE UNDER 24 HRS. and last birthday! WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife 13. FATHER'S NAME Alverta Stephan 15. WAS DECEASED EVER IN U.S ARMED FORCES? Addrew Vest inster, I'd. (Yes, no, or unkown) . (If yes give wer or detes of service) Louise B. lirs. signed by th 18 CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c). VASCULAR THROMBOSI EREBRAL IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC VASCULAR DIS Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIF, CANT COND TIONS CONTRIBUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20% ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, ferm, (Stele) 28f. (City or lown) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour a.m. e! work 21. I certify that (I) (this hospital) attended the deceased from .19.06, and that death occured at 5...PM, from the causes and on the date stated above. SIGNED PHYS. death. Pege 22d ADDRESS 22c. director, I 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Crematory Baltimore. 256. RÉGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 Sykesville, Md.

APVI AND STATE DEPARTMENT OF HEALTH



13094

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

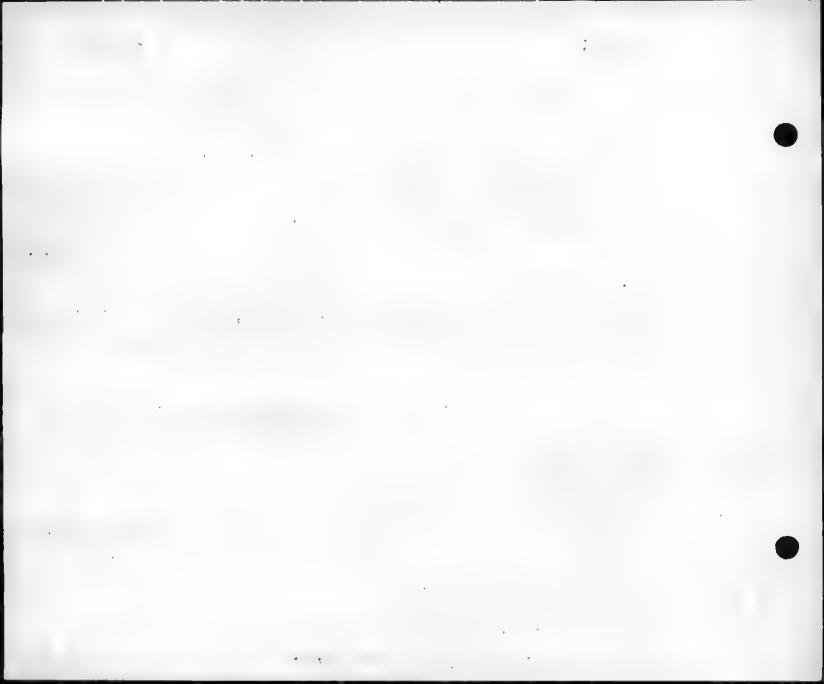
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)( 20 M I/66

## CERTIFICATE OF DEATH

13097

ř.	7000.	•				10000
	ACE OF DEATH					ion: Residence before admission)
0	COUNTY	Carroll	MARYLAND	o. STATE	b. cou	Carroll
ь	CITY OR TOWN (	f outside corporate limits,	c. LENGTH OF STAY IN 15		utside corporate limits, write RU	
	write RURAL one	give neorest town)				·
_	Westmins		hospital, give street address)	d STREET ADDRESS	ytown,	e IS RESIDENCE
d	NAME OF HUSPIL	AL UK INSTITUTION (II not in	nospital, give street address)	d. SIKEEL ADDRESS		ON A FARM?
	Carroll	County Gener	al Hospital	25 F	rederick Stree	YES NO
	AME OF	First	Middle	Lost	4. DATE Mont	th Doy Year
(1	ype or print)	Kenneth	Ronaldo	Gilds	OF DEATH Octo	ham 14 19 66
5. 5		6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
	11-2-	19738-A V	VIDOWED DIVORCED	May 19, 190	7 lost birthdoy) 7 59 yrs	Months Doys Hours M.n.
100	Mala	(Give kind of work done	TOO KIND OF BUSINESS OR		& State, or foreign country)	12 CITIZEN OF WHAT
durin	a most of working	life, even if retired)	INDUSTRY	· ·	a store, or toleigh (somi)	COUNTRY?
	Barbe			Maryland		U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	G. F.	Sherman Gild	8	Laura M		
IS.	WAS DECEASED EVE	R IN U.S. ARMED FOR (ES? (II yes give wor or dotes of ser	16. SOCIAL SECURITY NO. I	7. INFORMANT	Addre	255
(Tes	No	fit has dive mot of dotes of set	213-01-3803	iss Jane Gil	ds. Taneytown.	Maryland
T		ATH (Enter only one couse p		The Agric Off	- Tearcy contri	. INTERVAL BETWEEN
1	PART   DEAT	'H WAS CAUSED BY:	1 - V	man ail	in Occluse	ONSET AND DEATH
		IMMEDIATE CAUSE (o)	Centre Co	1	. /	1-14-12
	Conditions, if any	DUE TO	P	() Time	/	540
	rise to immediat	a couse (a)	Light out	1 cour	overcross	e Juji
- 1	stoting the unde	lying couse DUE TO	the state of	1 11	7.	.   511.
L	ast.	) (c)_		anced the	recorden	2002
2	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED	o t <b>ije t</b> erminal disease co	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
<b>₽</b>			Vinc	umace,	Tuesphyse	
≝ŀ	200 ACCIDENT WA	S UNDERLYING	205 DESCRIBE HOW INJURY OCCURR			
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,	
ᇹᅡ		JRY Month, Day, Year	20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m. 20f (City or town)	(County) (Stote)
MEDICAL	Hour o.r	n.	While Not While	loctory, street, aflice bldg., etc		, , , ,
~  -	D.7		ot work L ot work L	-1 -1	10 (13 1 1 1 1 1 1 1 1	10/07/11/11/11/11/11
-1			al) attended the deceased from	+ en,	1943 10 10/14	, 19 <b>66</b> that (I) ( <del>we</del> ) and on the date stated oba
- [.		eceased alive on	1966, and	nat death occurred a	M, from couses	
	22o. SIGNATURE	0 10	2221/	ATTENDING POL	MED STAFF	22b. DATE SIGNED
		12-11-V	VI- Variable	M.D PHYS.	DIRECTOR L. PHYS. L.	10/15/66
_	22c. PHYSICIAN'S NAME (Type	DCN	1- V=0	22d. ADDRESS	7	7110
	MARIL (1) pe	11 + 3 1 1.	levaugh	16	meylow	civia.
230	BURIAL, CREMATIC		F 23c. NAME OF CEMETERY	OR CREMATORY	23d LOPATION (City or To	wn) (County) (Stote)
	REMOVAL (Specify Burial	Oct 17.	1966 Intheran C	ameter	Taneytown,	Maryland
24_	FUNERAL DIRECTO		ADDRESS	2So. REC		GISTRAR'S SIGNATURE
1	thulf &	16:10 1C. O.	Fuss & Son, Taney	townsMal DATE O	CT 18 1956	Milando O.
110	· 60014.00	COURS TT TT	" AME OF STATES TOTALD'S	And so Trigery and A Digit	- + + (0.00)	evacante II. e



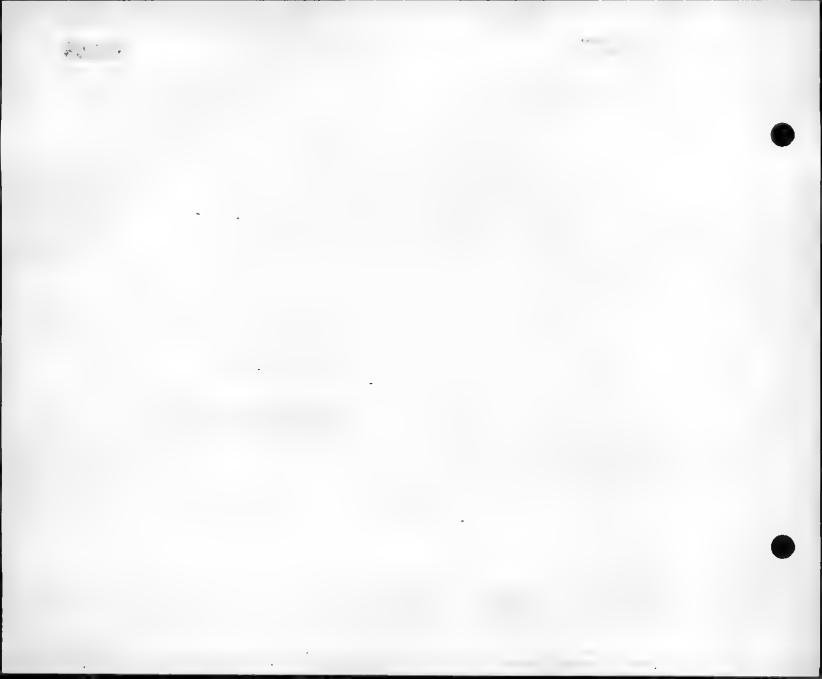
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	DI ACE OF DEATH			o Hella) Decimence o	1115 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10000
	O COUNTY			O. STATE	where deceased lived, it institut	non Residence before admission)
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	b city or tawn (	If outside corparate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If ou	utside corporate limits, write RUI	RAL and give nearest tawn)
1	write RURAL on	d give nearest tawn)	YEARS	IINIAA	YTOWN	
4	MANE OF HOSPIT	AL OR INSTITUTION (If not in I		d. STREET ADDRESS	101011	e is residence
	G. MANIE OF HUSETI	AL OK INSTITUTION (II TIDE III I	iaspiral, give street address)	G. SIKELI MUDIKESS		ON A FARM?
						YES NO NO
	NAME OF	First	Middle	Lost	4. DATE Mont	th Doy Year
	DECEASED (Type or print)	BLANCHE	LOUELLA HA	LTER	OF DEATH OCT	25 1966
_	SEX	6. COLOR OR RACE 7. /	MARRIED NEVER MARRIED   B	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
	F	1	IDOWED TO DIVORCED TO	DEC 2,1	1915 Igst birthday)	Months Days Hours Min.
10-	USUAL OCCUPATION	V (Give kind of work done	10b. KIND OF BUSINESS OR		8 Stote, or foreign country)	12 CITIZEN OF WHAT
	ing most of working		INDUSTRY	II BIKIHPLACE (COUNTY	& Store, or roteign country)	COUNTRY?
	HOUS	EWIFE	OWN HOME	MAKY	LAND	USA
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	J 5N	MDER L	EVILB 155	LOUELLA	ZILE	
	WAS DECEASED EVE	ER IN U.S. ARMED FORCES?		FORMANT	Addre	ess
(Ye	es, na, ar unknown)	(If yes give war or dates of serv	100 100 20 00117 WI	IDIP HAI	TER MATTERNI	TOWN MD
_	IVO	Carll /r	XXU-02-X07/11/1	-DUN IIIIE	11-1 4/3/6/1	INTERVAL BETWEEN
	PART I, DEA	EATH (Enter only one cause pe TH WAS CAUSED BY:	r line for (a), (b), and (c).)	KOR.	1.01	ONSET, AND, DEATH
	1 27 3	. IMMEDIATE CAUSE (o) _	Corcuana	myar	capt	191
		DUE TO	Stonas lies	of Turks	10.10.11.	. A liburt
	Conditions, if any trise to immediat		- Egginton	a comment	muce, an	-go omot
	stating the unde		t Luces			Ino the
	last.	) (c)	anling			v. cours
	PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
MEDICAL CERTIFICATION						PERFORMED?
2	20o. ACCIDENT WA	S HWDEDI VING [7]	205. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of inury in	Part Lar Part II of item 183	1 13 2 13
EE	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE NOT MISORY OCCURRED. (	Enter notific of injory in	Ton For For II of Hell To.)	
7		MEDICAL EXAMINER)				
200	20c. TIME OF INJ Hour o.	URY Month, Day, Year		E OF INJURY (Home, farm my, street, office bldg., etc.		(County) (Stote)
ž	p.1	10	at work at work	, sireer, ornice blog., etc.	1	
	21.   certi	ify that (I) (this haspita	l) attended the deceased fram @	CF 24	1966 ta CCZ	1966, that (I) (we) las
	saw the d	eceased alive on Q	24 1966, and that	death accurred at	1:06 PM, fram causes	and an the date stated above
	22a. SIGMATURE		X			22b. DATE SIGNED-
	109	10,000/10	Deithor MD	ATTENDING D	MED. STAFF DIRECTOR PHYS.	1/6/27/66
	22c. PHYSCIAN'S		- Care	22d DORESS -	11	1-12-1
	NAME (Type	W GLADY	Y SPEICHER	Wedn	niuste	n M.a
23.	. BURIAL, CREMATIO	ON, 235 DATE THEREOF	23c. NAME OF CEMETERY OR C	PEMATORY	23d. LOCATION (City or To	own) (County) (State)
	REMOVAL (Specify	0	1911 METHAN	1	1/1/14 36 7-31	lacal MA
-	DUNIN	L OCT 28-	ADDRESS ADDRESS	1 20- pret	D BY REGISTRAR 2Sb RI	EGISTRAR'S SIGNATURE
24	FILMERAL DIRECTO	anteliany b	ADDRESS	1 1		711. 1. 1
	DN /th	vuzuv si	me I few Win	COO TO DATO C	T31 1968 /	charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending proving an and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. These please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after depti VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

lage 4 may be retained by the lospital or attending pillysician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2006 CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c, CITY OR TOWN (If-outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL/and give nearest town) emove carbon papers. Pag any event, within 72 hours Ξ. filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within completely 3. NAME OF First Middle DATE Month Year Last DECEASED OF DEATH (Type or print) WYL 19 executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and con LOATE OF BIRTH 9. 8. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED [ 104 USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. The physician The reason 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY **QOUNTBY?** ð certificate 13 FATHER'S NAME MOTHER'S MAIDEN NAME nd by the attentrant transit permit. 45. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes/no. or unkown) | (If yes nive war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN n signad by burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). or attending physician. 442, Y DUE TO Conditions, If any, which **(b)** een gave rise to immediate as the L prior to I DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health r t≣is certificate detached for use te Dept, of Health PERFORMED? NOX YES [ the hospital 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) Dept. ■IRECTO■ After tais age 3 should be detained with the State De CAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. (State) (County) factory, street, office bldg., etc.) Hour MEDI a,m. While at work et work ρ p.m. 19 retained 21 (certify that (1) (this hospital) attended the deceased from silver 1966 and that death occurred at AA. M. from the causes and on the date stated above. saw the decleased alive on SIGNATURE 22b. DATE SIGNED 22a. þe page DIRECTOR M.D. PHYS. PHYS. HOSPITAL TO PRINCIPAL PHYSICIAN'S ADDRESS 22c. 22d. director, p should be f NAME (TIPE BURIAL, CREMATION, 1/23b. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (State) 23c. REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13897 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY **6. COUNTY** Maryland Carroll MARYLAND c. CITY OR TOWN (If gutside comprate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Rural) Sykesville 184 Baltimore 9曲 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Springfield State Hospital 1221 S. Clinton Street NO X Hesler HESS L 3. NAME OF Middie DECEASED (Type or print) John 10 24 Lawrence 66 19 DEATH S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last buthday) Manths Dovs Hours 7-27-1884 male white WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) during most of working life, even if refired) INDUSTRY TISA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Adam Hesler- HESSLER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service) 215-56-1810 Hospital Records unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY days IMMEDIATE CAUSE (o) DUE TO days Conditions, if any, which gave nse to immediate couse (o), **DUE TO** stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) Chronic brain syndrome associated with senile brain disease 19. WAS AUTOPSY PERFORMED? NO without qualifying phrase 20o ACC DENT WAS UNDERLYING [7] 70b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While of work Not While 1-6-1959 19 10.10-24 19.66 that 10 (we) last 21. I certify that (this hospital) attended the deceased from\_ saw the deceased alive on 10-24- 1966, and that death occurred at 150A.M. from causes and on the date stated above. 22b DATE SIGNED 22o. SIGNATURE 10-24-66 22d. ADDRESS Sykesville, Maryland 22c. PHYSICIAN'S NAME (Type) Frances Reid Nabors. Springfield State Hospital 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) HEART CEM. 10-26-66 **FUNERAL DIRECTOR** 901 S. CONKADDRESS 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

that the death certificate be executed within 24 hours after death

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VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After

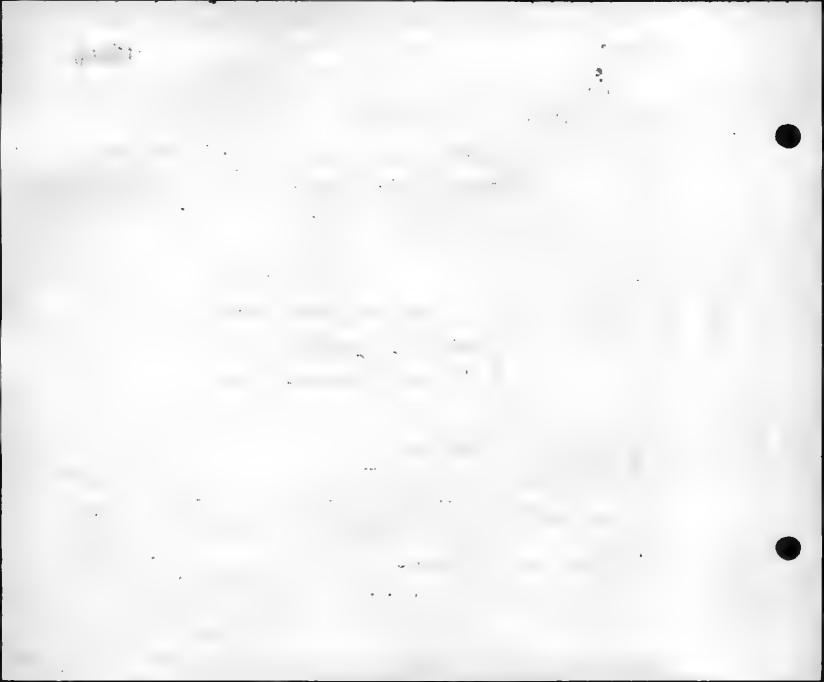
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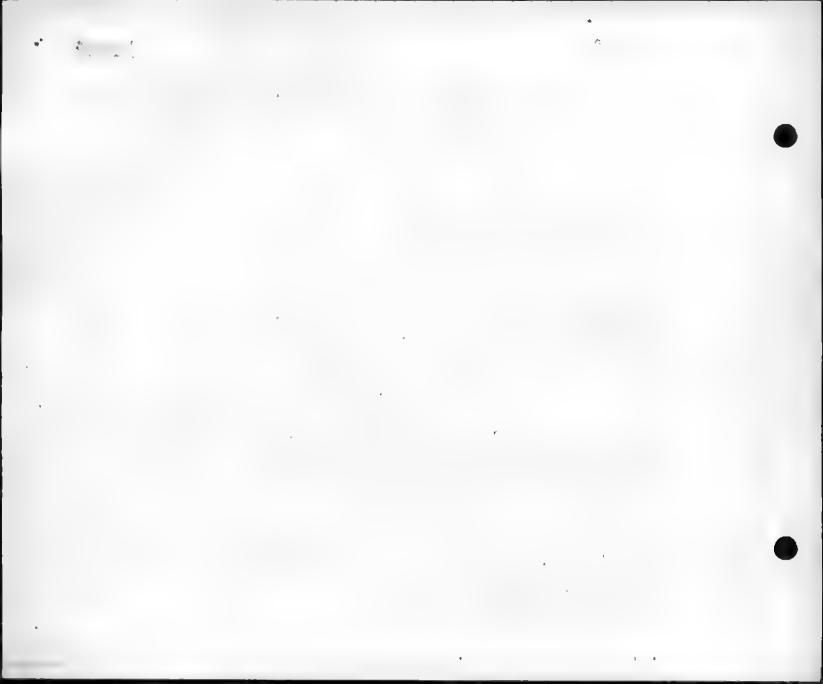


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2000

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	. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased i			re odmission)
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	write RURAL one	give neorest town) Bridge		9 yrs			Bridg			
ı		AL OR INSTITUTION (If no	t in hospital, g	ive street oddress)		d. STREET ADDRESS				e IS RESIDENCE
	Route	#1.				Route	#1			ON A FARM?  YES NO 🔀
- [	B. NAME OF	Fir	t2	Middle		Lost	4. DATE OF	Month	Do	y Year
L	(Type or print)	Frank		Shaw		loffecker_	DEATH	10-	27	19 66
	SEX	6. COLOR OR RACE	7 MARRIED -	NEVER MARR	IED 🔲 I	B. DATE OF BIRTH		GE (In years st. buthday)	Months Doys	Hours Min
	**	W	WIDOWED	DIVOR	CED 🔲	4-22-1891	10	75 Yrs	MOTHER DUTY	LIOUIZ WIII
1	Go JSJAL OCCUPATION	(Give kind of work done		NO OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foreign	(country)	12. CITIZEN O COUNTRY	
ľ	Electric	life even if retired). al Engine	er S	teel		Delawar	е		ÜS	A
	13 FATHER S NAME					14. MOTHER'S MAIDEN !	NAME			
	David	Hoffecker	•			Ella Jo	nes			
Γ	15 WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	16 S	SOCIAL SECURITY NO	. 17. 1	NFORMANT		Addres	S	
1	no nikitowity	(II has dine mat at dates o	21	3-07-10	12 M	arie B. H	offeck	er	Above	
F	1B. CAUSE OF DI	ATH (Enter only one cou	se per line for	(a), (b), and (c))			А		IN	TERVAL BETWEEN
1	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) (Lica	ite Co	200	rary Oo	clus	ion	U	3. PAND DEATH
-	1 420	DUE	TO		^	4-	n	k .		,
	Conditions, if ony, rise to immediat		(b)(	enan	4 (i	ulevio a	cleroc	NO		64VS
	stating the under		TO C	C	0	A + .	01	· ·	_ /	01.
	lost.		(c) ( (	nemale	بهدول	William	ose le	rosi.	2 /	ogrs
1	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT	CATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19	WAS AUTOPSY PERFORMED?
	200 ACCIDENT VIA OR CONTRIBUTING		Vas	cular		disea s	G		,	YES 🔲 NO 🔀
	200 ACCIDENT VIA	JNDERLYING  CAUSE OF DEATH	205. DE:	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port II	of item 1B.)		
		MEDICAL EXAMINER)								
3	20x TIME OF INJU	IRY Month, Day, Year		JURY OCCURRED		CE OF INJURY (Home, form ory, street, affice bldg , etc.)		ity or town)	(County)	(Stote)
1	p.1	n. 19	While of work		]	,				
	21. I certi	fy that (I) (this has	pital) attend	led the decease	ed fram 💃	An 2-7-,	9 <u>58</u> , ta_	3c1 2	<b>2</b> , 19 <u>66,</u> t	hat (I) ( <del>we) l</del> as
		eceased alive an	3/4/4	<u> </u>	, and tha	t death accurred at	3:30 P M, 1	am causes a		
	220 SIGNATURE	10	10'			ATTENDING	MED	STAFF	22b. DATE SIG	10 1 1
	مال رح	me green	Lhou	- ason	M.I	D. PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	001.2	2, 1766
1	22c. PHYSICIAN S NAME (Type	E. Amble	r Tho	mas			town,	Md.		
E	23o. BURIAL CREMATIC			1 23c NAME OF C	METERY OF			ON (City or Tow	m) //	A (5)
	REMOVAL (Specify Burial								n) (Count	.,
-	24. FUNERAL DIRECTO		-00	Loudon	rark		BALT BY REGISTRAR	imore	ISTRAR'S SIGNATU	Md.
			9 00	_	rk Ra	BaltoAM (C)		966	liones	Judge
	*** It I O OTTEN	W 1011	10 VV 61	4/0/ 10	4 4 4 4 C	LAPORT Y WAR LEVE	II U A II	JWW //		, ,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tembre carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, cremation, ar removal, and many event, within 72 hours after death as TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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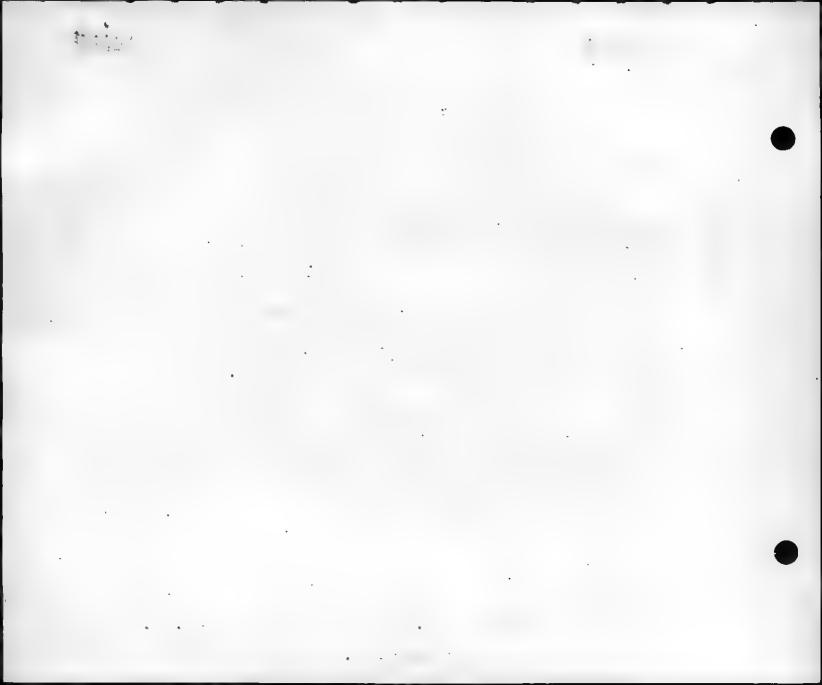
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

1359 CERTIFICATE OF DEATH

	1444 T	CENTILICATI	C OF DEATH	**0	0.0
1.	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If Institution: R	esidence before admission)
	a. COUNTY		a. STATE	b. COUNTY	V
<u> </u>	Cause	MARYLAND	mil	15.26	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate/Imits, write RURAL	and give nearest town)
-1	write RURAL and give nearest town)	I as days.	Do (to	- inl	
1 -	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	1-	d CIDSET ADDRESS		e. IS RESIDENCE
1	a. NAME OF ROSPITAL OR INSTITUTION (IT NOT IN II	dispital, give street address)	d. STREET ADDRESS		ON A FARM?
	maries of ensury. Hon	-e	+ ann		YES INO
3.	NAME DE FIRST	Middle	Last	4. DATE Month	Day Year
	(Type or print) Beather	C V	March	DEATH (LCT 28	10.1.7
-5	217		B. DATE OF FIRTH	9. ACE (In years   IF LNDER	19 L C
	O. GOLGR ON MARRIED	NEVER MARRIED	S. DATE OF STATE	last birthday) Months	Days Hours   Min.
	- male wheth widowed	DIVORCED	+x436189	7 67 yrs.	
10a	. USUAL OCCUPATION (Cive kind of work done   10b. H	IND OF BUSINESS OR	11. BIRTHPLACE (Cou	nty & State, or foreign country) 12. C	TIZEN OF WHAT
Gur	Ing most of working life, even if retired)	NDUSTRY	Buto Co.	on tenne	UNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDE		01374
15.	TATILET S HAME		14. MUTHER'S MAIDE	N NAME	
	John Cole		Laure	es cogue	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(16	s, no/or unkown) (If yes give war or dates of service)	11 20 2543	Harry D. of	- 18/21 1 1 Po	I tomby d
		16-28-00	THE PLAN	- The state of the	AND THE PERSON OF THE PARTY OF
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).1	7/	0	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fulrat	Herevry		4 Kours
	L DUE TO		/1 /1		-,
1 1	Conditions If any which !	to a Col	- Carler 1	10. 1. la Co - 1 ind	5 /
	gave rise to Immediate	(AN-CE INC		) hereigh control	
1 1	cause (a), stating the DUE FO				
1.	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUTNOTRELA	TED TO THE TERMINAL DI	SEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
[8]	Wealthe m	ushitus.			YES NO
三	20a. ACCIDENT WAS UNDERLYING TI 20b.	DESCRIBE HOW IN HIRY DOCL	PRED (Enter nature of I	njury in Part I or Part II of Item 18	
	OR CONTRIBUTING T CAUSE OF DEATH- (IF EITHER, NOTIFY MEDICAL EXAMINER)		MILD: (Enter notate of t	injury in part 1 of talk 11 of item 20	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
S		NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fari	m, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While	- NOT WHITE	ry, street, office bldg., etc	•)	
Σ		k at work	78 . 1 = -	11 10 - 21 20 00/6	
	21. I certify that (I) (this hospital) attend	ed the deceased from	190		*, that (I) (we) last
	saw the deceased alive on 10-25	1960 and that	death occurred at X&	<u>පීන්</u> M, from the causes and on t	
	22a. SICNATURE				ATE SICNED
1 1	ACHIEL S	Rust_ M.D		RECTOR PHYS.   10	-28-66
	226. PHYSICIAN'S		22d. ADDRESS	7.	/ /
	NAME (Type) = 13	1151, MD	MAMA	Strad Mary	low!
225	OLDIM ODENATION VOSS DATE FILEDESE	1 220 MANE OF OTHERTON	OD ODENATORY	1 22d LOCATION (City town of an	inty) (State)
238	BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of col	ilità) (2rars)
	Burial 10/31/66	Mt. Carmel C	emetery	Balto Co. D BY REGISTRAR   256. REGISTRAR	W61
24.	FUNERAL DIRECTOR	ADDRESS	258. REC	- · · · · · · · · · · · · · · · · · · ·	S SIGNATURE
	Minhou Elina	Hammadan - J. 363	DATE	10V 2 1866 fcc	were Judge
	Tinton-Eline	Hamnetmad, Md.	DATE		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14000 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). a. COUNTY b. COUNTY Carroll MARYLAND Maryland Frederick b CITY OR TOWN (If autside corparate limits, C. LENGTH OF STAY IN 15 ( CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) (Rural) Sykesville 184 Frederick Om. 21701 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Springfield State Hospital YES NO 🚛 Patrick Street 3 NAME OF First Middle 4 DATE Year Day **DECEASED** OF 66 Kepler 10 Arthur Koogle 19 (Type or print) DEATH 6 COLOR OR RACE IF UNDER 24 HRS S. SEX 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH O. \*GE (In years IF UNDER 1 YEAR ist birthday) male white X WIDOWED DIVORCED IOb. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind af work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fare un country) COUNTRY? during most of working the even if retured) **INDUSTRY** Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Martin Kepler Cecelia -- F. Koogle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates af service) 212-14-7677 Hospital Records none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Chronic brain syndrome associated with cerebral arteriosclerosis 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Haur a.m. factary, street, affice bldg., etc.) Nat While 19\_\_ at ware , 1966 , to 10-7 21. I certify that (this hospital) attended the deceased from. 9-19-\_, 19\_66 that (J) (we) lost 66 and that death accurred at \_\_\_\_\_A.M., from causes and an the date stated above sow the deceosed alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 10-7-66 M.D. PHYS DIRECTOR PHYS. Sykesville, Maryland ADDRESS NAME (Type) Heinz H. Klaatsch. M.D. Springfield State Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (State) (County) REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 21701

Frederick, Md. 21801

2Sa. REC'D BY REGISTRAR

1966

2Sb. REGISTRAR'S SIGNATURE

Mingley

VR A15 (4) 20 M 1/66

O FUNERAL DIRECTOR: After this certificate

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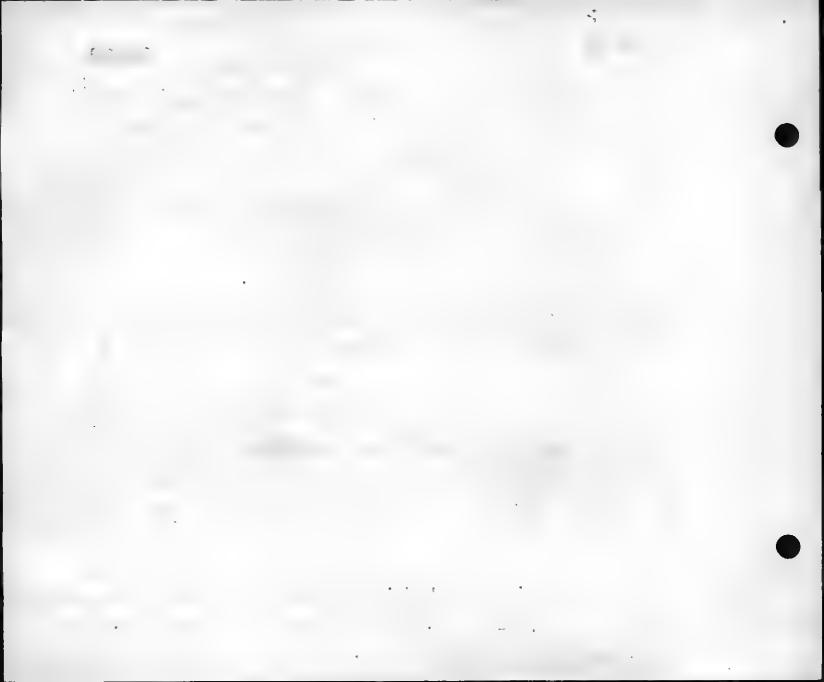
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director, page 3 should be filed w

24 FUNERAL DIRECTOR

M.R. Etchison

State



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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				Where deceased live		dence before add	nissian)
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(if autside corporate limit	5,			0	s, write RURAL and	-	
nd give necrest town) VKESVILLE		3v. 3m. 16d.	Laurel				
			d STREET ADDRESS			e !S	RESIDENCE
ield State H	<b>lospital</b>					YES	A FARM?
		Middle	Lost	4 DATE	Month	Day	Year
	rude	Sarah		DEATH			1966
6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		9. AGE (	In years IFUN Brithday) Mont		NDER 24 HRS.
white					1, v.		
JN (Give kind of work done		ICTDY .			untry) 12	COMMITTON	ISA
		J 0 C1 /	14. MOTHER'S MAIDEN	NAME			
			unknow	m			
VER IN U.S. ARMED FORCES?	16 50	CIAL SECURITY NO. 17	INFORMANT		Address		
) (If yes give war or dates a	of service)	known Sp	ringfield Ho	spital re	cords. S	vkesvill	le. Md
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	(0)					Dayo	or wee
	Arter	riosclerotic	heart diseas	30		Years	
ate cause (a),							_
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SIGNIFICANT CONDITIONS C		DEATH BUT NOT DELATED TO	THE TEDMINAL DISEASE CO.	INDITION CIVEN IN P	APT 1/a)	19 WAS	AJTOPSY
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otic reactio	201 0555	DIDE HOW INJUNY OCCUPATION	D /Enter nature of inter-the	Doet Las Doet II - F	tom 18 )	162	d NO
NG □ CAUSE OF DEATH	ZUD. DESC	KIDE HOW INJUKT OLLUKKE	n. ferriet notate of infinity in	ron I or ran II at I	rem 15.)		
	204 1011	IDV OCCUBBED 100 . 0	ALCE OF INITIDY (Home for	1906 (7.5	os tomo)	(Country)	(State)
o.m.	While r	Not While -			or iuwii)	(caumy)	(2,019)
2,551.			6/21/	1063 **	10/12/	1066 4644	W (max la
		the deceased fram.	of death-accurred or	10:15	n causes and a	in the date st	ated abov
	7)		ica dediti decorrea d	1 <u>29.5,22</u> m, (10)			alea abat
2. 1/2 /2	Κ	A inson	ATTENDING DHYC		STAFF (STAFF		66
1 1/1	12 (4)	and word	22d. ADDRESS				
3				- Properties of the page of			
	Buyuku	nsal. M.D.		Sykesvil			00
Pe) Naci W			IR CREMATORY		le, Mary	land	
Pe) Naci W.	EREOF	23c. NAME OF CEMETERY O	or CREMATORY	Sykesvil 23d. LOCATION	le. Mary	land (County)	(State)
Pe) Naci W	EREOF	23c. NAME OF CEMETERY O	n National		le, Mary	County)	
	N (if autside corporate limit and give needest down)  y Ke SVIIIe  PITAL OR INSTITUTION (if no ield State F  Geri  6. COLOR OR RACE  white  10N (Sive kind of work done and its each station)  EVER IN U. S. ARMED FORCES?  IN (if yes give wor or dotes of the station of the image of the station of the image of the station of the image of the ima	Carroll  N (if outside corporate limits, and give neorest town)  N (if outside corporate limits, and give neorest town)  N (if outside corporate limits, and give neorest town)  N (if outside corporate limits, and give neorest town)  First  Gertrude  6. COLOR OR RACE  WIDOWED  ION (Give kind of work done ing its even freign)  ION (Give kind of work done ing its even freign)  ION (If yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of service)  ION (IT yes give wor or dotes of se	Carroll  N (if outside corporate limits, and give nearest town)  N (if outside corporate limits, and give nearest town)  N (if outside corporate limits, and give nearest town)  N (if outside corporate limits, and give street address)  N (if outside corporate limits, and give street address)  N (if outside Sarah    6. COLOR OR RACE	Carroll    Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Carroll   Maryland   Carroll   Maryland   Carroll   Maryland   Carroll   Carroll   Maryland   Carroll   Carroll   Maryland   Carroll   Maryland   Carroll   C	Carroll  MARYLAND  (If outside corporate limits, and give negres) down)  (If outside corporate limits)  (If outside corporate limits, and give negres) down)  (If outside corporate limits, and give street oddress)  (It outside corporate limits)  (It outside corporate limits (It outside corporate limits)  (It out	Carroll   Maryland   American   Carroll   Maryland   Maryland   Carroll   Carroll	Carroll   MARYLAND   Carroll   MARYLAND   AMAYLAND   Carroll   MARYLAND   Carroll   Marylan

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending plysicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit their please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. IO HOSPITAL OR ATTENDING PHYSICIAN: TIM four remaines that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66



-effificate be executed within 24 hours after death.

TO FUNERAL DIMENTAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affectioath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RES	SEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
14003	CERTIFICATI	E OF DEATH		14005
1. PLACE OF DEATH a, COUNTY	2			lution: Residence before admission
CAMPLE	MARYLAND	a. STATE Maryland	b. COUNT	arroll
b. CITY DR FOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b			RURAL and give nearest town
write Rurat and give nearest towns	3 Yezrs	Near Wes		
	in hospital, give street address)	d. STREET ADDRESS		O ( /
Halekon deel	in indipitali, give street address)		Mailing Addres	ON A FARM?
Lower Chycones	Frome =	Littlesto	wn, Pa, R. D.	YES NO
3. NAME DF First	A Middle	Last	4. DATE Month	1 Day Year
(Type or print)	room.		DEATH (1)	> 16 19 66
5. SEX 6. COLOR OF RACA 77. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
Male White WIDDW		9/17/1882	lastroithday) N	lonths Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   101 during most of working life, even if retired)	. KIND OF BUSINESS OR	11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN OF WHAT
Retired Farmer	INDUSTRY Fa.cm	Carroll Co	unty. Md.	U-S-A-
13. FATHER'S NAME	a Craus	14. MOTHER'S MAIDE		1 0 0 0 0 0
Nelson Koontz		Ida Rinama		
	16. SOCIAL SECURITYND.   17.	INFORMANT	Address	70
(Yes, no, or unkown) (If yes give war or dates of service)				R. D. 1
No		shington P	Koentz Little	stown, Pa
18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).	vacce	ugos C,	INTERVAL BETWEEN ONDET AND JEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cerely	al MICH	men	- July.
JOAX DUE TO		0-1:	-10	7
Conditions, if any, which (b)	Gen-	estorick	July	~ 7
gave rise to immediate		The same	1	0
cause (a), steeling the	6	Thulow V	11111	7
	IRITING TO DEATH BUT NOT BELD	TED THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	ART 1(a) 119 WAS AUTOPSY
A LANCE OF THE PARTY OF THE PAR	TOO THE TOO BEEN BOT TOO THE PARTY OF THE PA	The resistance of	SENSE VOIDE FIGURE STREET	PERFORMED?
2		<i>V</i>		YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTR	. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of	Item 18.)
191	facto	CE OF INJURY (Home, far ry, street, office bldg., etc	m, 20f. (City or town)	(County) (State)
p.m. 19 at v	nile Not While at work	s)		
21. I certify that (I) (this happital) atte	anded the deceased from A	186 4 19	B. to 1011-16	, 19 6 , that (I) (we) las
saw the deceased alive on	"	death occurred at 2	M. from the causes a	nd on the date stated above
22a. SIGNATURE				2200/7DATE SIGNED //
HA. H. Masta	M.D		ED. STAFF	Vert1-66
22c. PHYSICIAN'S NAME (Type) // A / M	4411	22d. ADDRESS		
NAME (Type)	VIJIX	Westmins	ter, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)

VR A15 (4) 20M 1/65

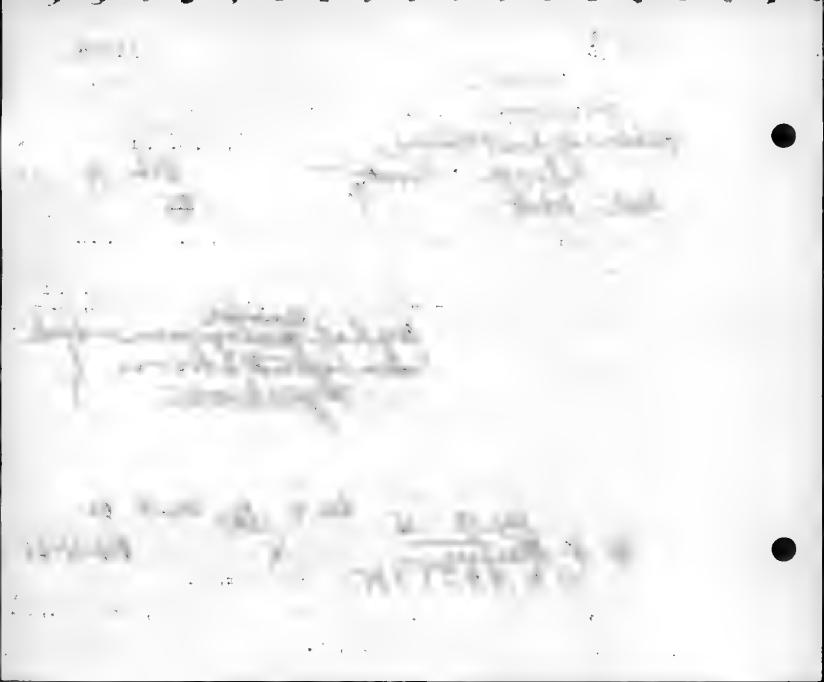
Burial FUNERAL DIRECTOR

10/19/66

St. Marys Cemetery

Silver Run, Carroll Co., Md.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Littlestown, Pas



Item 18 Film 382 11-16-66MARYLAND STATE DEPARTMENT OF HEALTH

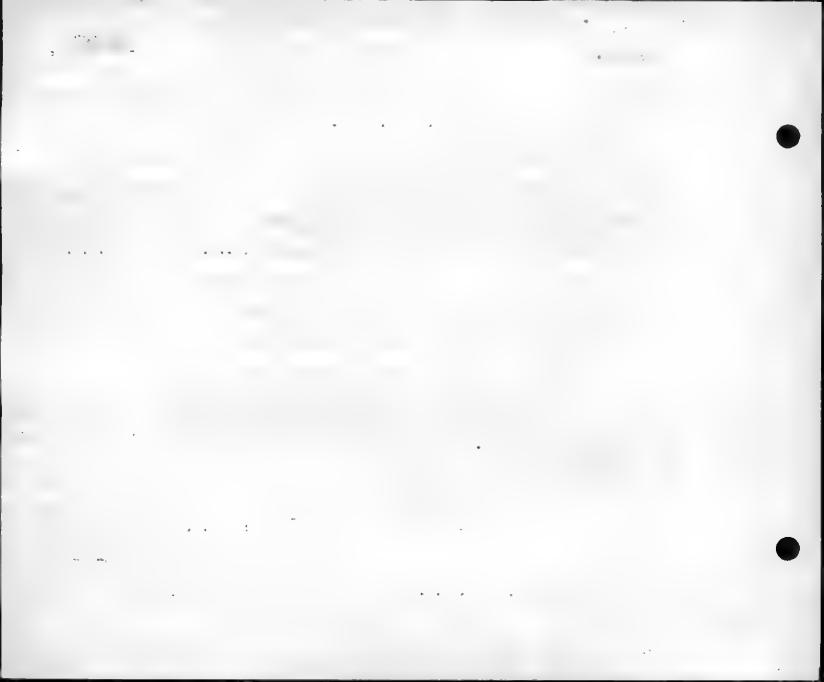
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14004 deoth, requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love carbon popers. Pages 1 and y event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY Carroll o. STATE Maryland b. COUNTY MARYLAND Montgomerv b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carporate timits, write RURAL and give nearest town) write RURAL and give nearest town)
Sykesville lvr.llmos.29dys. Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Springfield State Hospital 805 Houston Avenue YES NO 3 please remove carbon I, and Thany event, with 3 NAME OF Middle 4 DATE Month Year DECEASED OF DEATH JAMES ELFRESH WILLIAM MC October 19 (Type or print) 9. AGE (In years F UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED -NEVER MARRIED 8 DATE OF BIRTH lost birthdov) Dovs Haurs WIDOWED DIVORCED Male White ottending physician and sermit. Then please rem 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of work ng life, even f retired)

Bricklayer COUNTRY? INDUSTRY Washington, D.C.

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME Charles McElfresh Cecelia Ferguson 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Records, Springfield State Hospital Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AND CAUSED BY:

AMMEDIATE CAUSE (o) Subacute bacterial endocarditis signed by DUE TO Conditions, if ony, which gove (b) Arteriosclerotic cardiovascular disease rise to immediate couse (a). **DUE TO** stoting the underlying couse os the | has been () Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY Chronic brain syndrome associated with cerebral arteriosclerosis, with behavioral reaction.

200. ACC DENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port I or Port II of Item 18.] PERFORMED? TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) و be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH detached te Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 204 INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work at work ond that death occurred at 35 21. I certify that (#) (this hospital) attended the deceased from\_ 10-19-66, 19\_\_\_, that (I) (we) lost to 10-19-66, 19\_\_\_, that (I) (we) lost M. from causes and on the date stated above , page 3 should be filed with the saw the deceased alive on 22b DATE SIGNED 22o. SIGNATURE **ATTENDING** 1D-20-66 M.D. DIRFCTOR PHYS. Springfield State Hospital 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Octavio A. Ruiz. M.D Sykesville Maryland director, should b 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL Specify & 1311red 2So. REC'D/BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

14008 OF DEATH

	 	,
4905		CERTIFICATE
A C () 17		CERTIFICATE

1

	PLACE OF DEATH  a. COUNTY	1				2. USUAL RESID a. STATE	ENCE (W	iere deceosed lived, if	institution: Re b. COUNTY	isidence before	odmissia	n)
		arroll		MARY	LAND		Marv		D. COUNTS			
	b CITY OR TOWN (	f outside corporate limit give nearest town)	S,	c LENGTH OF STAY II				ide carparate limits, w	rite RURAL an	d give neorest	town)	
S	ykesvill	A		2 mos.+	2 tiles	Bal	timo	re city				+
		AL OR INSTITUTION (If n	ot in hospitol, gi	ve street oddress)	2. 11.2.0	d. STREET ADDR	ESS	0.20			IS RESID	ENCE
L	Springfi	eld State I	lospital			3030 I	ona	Terrace		1	ON A FA	NO DE
	NAME OF		rst	Middle		LOST		4 DATE	Month	Doy	Yeo	ır
	DECEASED (Type or print)	Georg	<u>z</u> e	Adam	M:	ller		OF DEATH	10	8		66
S	SEX	6 CDLOR OR RACE	7 MARRIED	NEVER MARRIED		. DATE OF BIRTH		9 AGE (tn y lost birth			IF UNDER Hours	24 HRS Min
	Male	White	WIDOWED	DIVORCED		7-29-96		70	yes			18/14/
	I USUAL OCCUPATION	(Give kind of work done		ID OF BUSINESS OR JUSTRY		11 BIRTHPLACE	(County &	State, or foreign countr	y) 3	2. CITIZEN OF COUNTRY?	WHAT	
OU.	Pharmacis	St.	1140	031K1		Marry	land				II.S.	٨
	FATHER'S NAME			·-		14. MOTHER 5 N	NAIDEN NA	ME			~-	
		John G.	Miller			W131	helmi	na Wende	7			
15.	WAS DECEASED EVE	RINITE ARMED FORCES?	16 S	OCIAL SECURITY NO	17. 1	FORMANT	, , , , , , , , , , , , , , , , , , ,		Address			
(ye	is, no, or unknown) Yes	(If yes give wor or dates a	of service) 21	2-07-6071	Spr	ingfield	d Sta	te Hospit	al Rec	ords.		
		ATH (Enter only one con								INTE	RVAL BET	
	PART I. DEAT	TH WAS CAUSED BY.			Pnon	monia				ONS	ET AND D	EATH
1	490	IMMEDIATE CAUSE		11000101		MOTTLE					_uay	
	Conditions, if any			remia								
	rise to immediat	e couse (a), (	(0) <u>U</u>	I CHITA					-			
1	stating the unde	rlying couse	· -									
		GNIFICANT CONDITIONS (	(c)	DEATH BUT NOT DEL	ATED TO T	HE TERMINAL DISE	ASE COND	ITION GIVEN IN PART	1(a)	19.	WAS AUTO	YZQ
NO					י טו עזוא	LIE TEWNINE DIDE	ASL COND	IIION SITEM IN LAKI	1(0)		PERFOR MI	NO 🔀
3	20o. ACCIDENT WA	tic depress		CCION INJURY OF	CHRRED (	Fater action of in	De De	et I or Doet II of do-	10.1	72	3 U	NO X
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CKIBE HOW INJURY OF	LUKKED. (	enter noture of in	ijuty ili et	IT I OF FOIL II OF REITI	10.)			
MEDICAL		JRY Month, Day, Year		IURY OCCURRED	20e. PLAC	E OF INJURY (Hor	ne, form,	20f. (City or to	(חשנ	(County)	(	State)
MEC	Hour a.r	10	While of work	Not While of work	focto	ry, street, office bl	dg., etc.)					
		fy that (!) (this has			fram_7	-21	, 19	66 , ta_10-	8	19.66, th	at (I) (	we) last
	saw the d	eceased alive an	10-8-	<u></u>	and that	death accurr	red at £	3:20pM, from co	ouses and	an the date	e stated	abave.
	22o. SIGNATURE	1/ /.	1/,	6	11	ATTENDING	Å	NED. STAF	c	2b. DATE SIGN	ED	
	l	MAM	61	June	M.D	PHYS.		RECTOR PHY		70-8-	66	
	22c. PHYSICIAN'S				_	22d. ADDRE	SS					
	NAME (Type	Carlos	G. Le	vin		Spring	gfie	d State H		ykesvi	lle !	Md.
230	. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c NAME OF CEME				23d. LOCATION (Est	y or Town)	(County)	(5	tate)
	REMOVAL IS peculy	10/12/	66.	Parkwoo	d Cen	netery		Baltim	ore, M	d.		
24	FUNERAL DIRECTO	f. Ruck Inc	Rel+	MADDRESS 1	214			BY REGISTRAR	25b. REGISTRA	IR'S SIGNATUR	Qued	R
	reduction 6	A MANUAL TITO	a warr	W1	1	DA	ATE NO	T 1 3 196	0 1	7,000	1 0	,

ID HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then the server carbon papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremation, or remover and in ony event, within 72 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

1 and '2

death

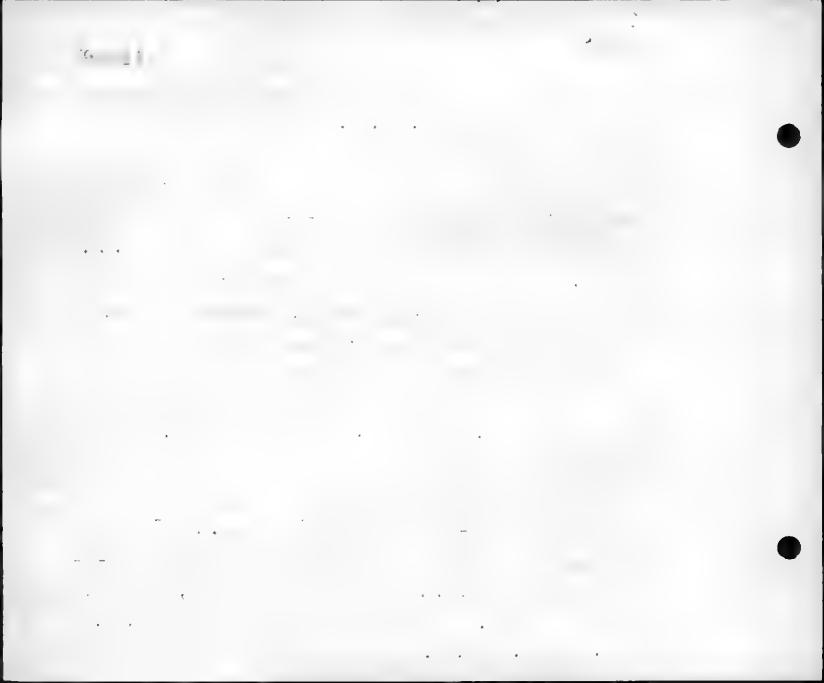
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1400	6		CERTIFICATE	OF DEATH		1.	4000		
1	PLACE OF DEATH O COUNTY Carroll			MARYLAND	2 USUAL RESIDENCE (1 a. STATE Marylane		b. COUNTY	Residence before	e admissio	in)
	b CITY OR TOWN (	If outside corparate l'mit d give nearest tawn)	s,	c LENGTH OF STAY IN 16	c CITY OR TOWN (if au	itside corparate lim			r fown]	
	Sykesvil	16		7yrs.2mos.ldy	Baltimo	re				
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hospital, i	give street address)	d STREET ADDRESS				e IS RESID ON A FA	
		eld State F				Avenue				NO 🖵
3	NAME OF DECEASED		rst	Middle	Last	4 DATE OF	Month	Day		
_	(Type or print)	FRANC		SLATER	MINSKE	DEATH	Octobe			66
2.	XFX	6 COLOR OR RACE	7. MARRIED	-	B. DATE OF BIRTH	lect		UNDER 1 YEAR anths Days	Hours	Min.
	Female	White	WIDOWED	DIVORCED	05-28-20	46	YIZ.			
dur dur	o. USUAL OCCUPATION Ina most of warking Housewii	I (G ve kind of work dane life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or fareign (	ountry)	12 CIT ZEN OF COUNTRY?	WHAT	
		е			Florida	Nahar		U.S.A.		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
10		S. Lining		COCIAL CECURITY NO. 17. I	Rayna :	Slater	Address			
(Y)	es, no, or unknawn)	(If yes give war ar dates (	of service I							
-	No				ecords, Spr	ingfield	State H			TATE PLAN
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY:							ERVAL BET SET AND D IUTES	
	1100	it is a second of the second o		e myocardial in	nfarction					
	Conditions, if ony	DUE		now outowices			.7 .43	Yes		
	rise to immediat	e cause (a), ( Duc		nary arteriosc	TALOSIS MIC	u termins		(0)(15)   Van (	Here	,
	stating the unde	rlying couse	(4)							
		CHIEICANT CONDITIONS O	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO T	THE TEDMINAL DISEASE COL	NULLIUM CINEM IN E	PART 1(a)	110	WAS AUTO	)PSY
MED CAL CERTIFICATION	Schizoph	renic react	cion, p	aranoid type.	Diabetic s				PERFORM	ED?
FIGA	20a ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Part I or Port II of	item 18.)			
CERT		MEDICAL EXAMINER)			,,,,,,,,,					
동	_1	URY Manth, Day, Year	20d. II	NJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	n, 20f. (City	or town)	(County)	(	State)
MED	Hour our	m.	While at work		ary, street, office bldg., etc.	)				
				ded the decensed from	8-10-59	9, to <b>1</b> (	)-11-66	. 19 . th	iat (B) (	we) los
		eceased alive an_	10-11-	6619, and that	death accurred at	8:30A MM fro	m causes and	an the dat	e stated	abave.
	22a. SIGNAPERE	7 ,	- /	7101	ATTENDING	MED.	STAFF .	22b. DATE SIGN		
	Jr. Co	~ 10200	nd le	July M.	). PHYS.	DIRECTOR L	PHYS. DC	10-11-		
	22c. PHYSICIAN'S NAME (Type	1		J		pringfie.				
	<u> </u>	Antonius		М.D.		vkesville				
230	BURIAL, CREMATIC REMOVAL (Supply)			23c NAME OF CEMETERY OR		773	N (City or Town) Ltimore		(5	tote)
	- 45 - 65.		/00.	Gardens of Fa		a7		-	T.m.	
	FUNERAL DIRECTO	Ruck Inc.	Bolto	ADDRESS May 21214		D BY REGISTRAR	966 /r	RAR'S SIGNATUI	Jud	ge
		TAMOUNT TITE 4	Dar W.	-de vivia	DATE []	CT 13 1	opo /r		11 4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then, reas remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remove two mony event, within 72 hours after depth. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. remove carbon papers. Pages 1 and 2 n ony event, within 72 hours after death. Poge 4 may be retained by the hospital or attending physician.

d.

VR ATIII (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission a. COUNTY a. STATE b. COUNTY ges 1 after CARROLL the etely filled in by the bon papers. Pages 1, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RURAL, WESTMINSTER d. STREET ADDRESS BOX 255 RT#I NESTMINSTER NEST MINSTER YES A NO completely i NAME OF Middle Last DATE Month DECEASED DF event, THARINE JOHANNA NEHMSMANN OCT. (Type or print) DEATH and con ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. last birthday) апу FEMALE WHITE WIDOWED DIVORCED Ξ 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) sicial Tease certificata-ba. during most of working life, even if retired) INDUSTRY and BALTIMORE MI HOUSE - WIFE

13. FATHER'S NAME 20 removal. 14. MOTHER'S MAIDEN NAME the attending pit permit. Then GEORGE ALBERT CAROLINE EIKEN BERG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. or. death (Yes, no, or unkown) (If yes give war or dates of service) MR. LOUIS J. NEHMSMANN JP cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed DUE TO Conditions, If any, which (b) been the but gave rise to Immediate **DUE TO** cause (a), stating prior underlying cause last, has (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) detached for use to Dept. of Health for use Health use the hospital or 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State I factory, street, office bldg., etc. Should be di Hour a.m. While Not While retained by p.m 19 at work at work 1962 to attended the deceased from 10-21. I certify that (I) (this hospital) DIRECTOR: Jage 3 should lied with the 1966 0 and that death occurred at 6.00 RM, from the causes and on the date stated above. 0 saw the deceased alive on 22a. SICNATURE þ page STAFF M.D. DIRECTOR Page 4 may TO FUNERAL ADDRES PHYSICIAN'S director, p should be NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. town or county) REMOVAL (Specify) BURIA 24. FUNERAL DIRECTOR ADDR ESS REC'D BY RECISTRAR REGISTRAR'S SICNATURE 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

CARROLL

Day

30

12. CITIZEN OF WHAT

4.5.11.

SAME

ADDRESS

YES

DATE SIGNED

(County)

22b.

Days

COUNTRY?

Months

B. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO X

(State)

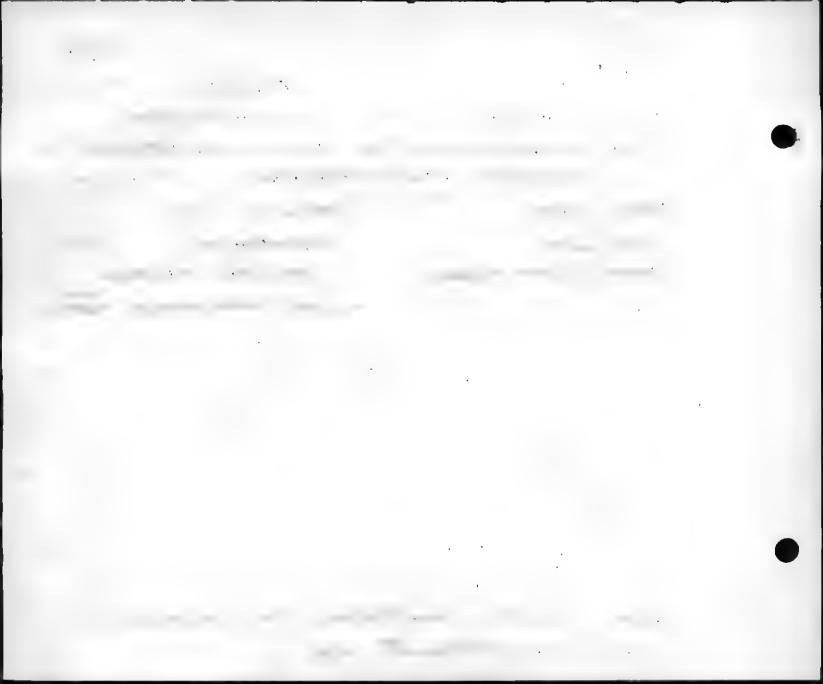
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within

VR A15 (4)



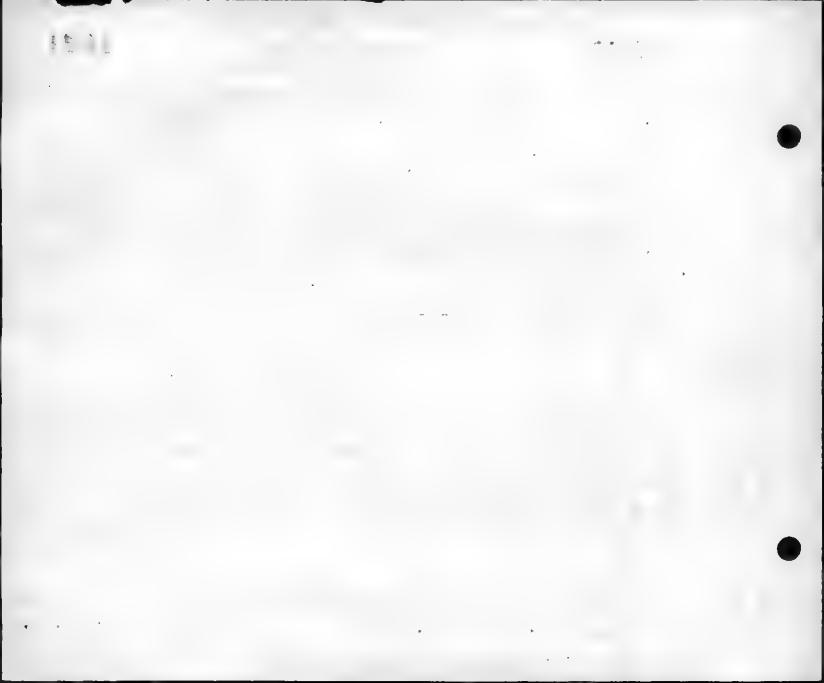
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

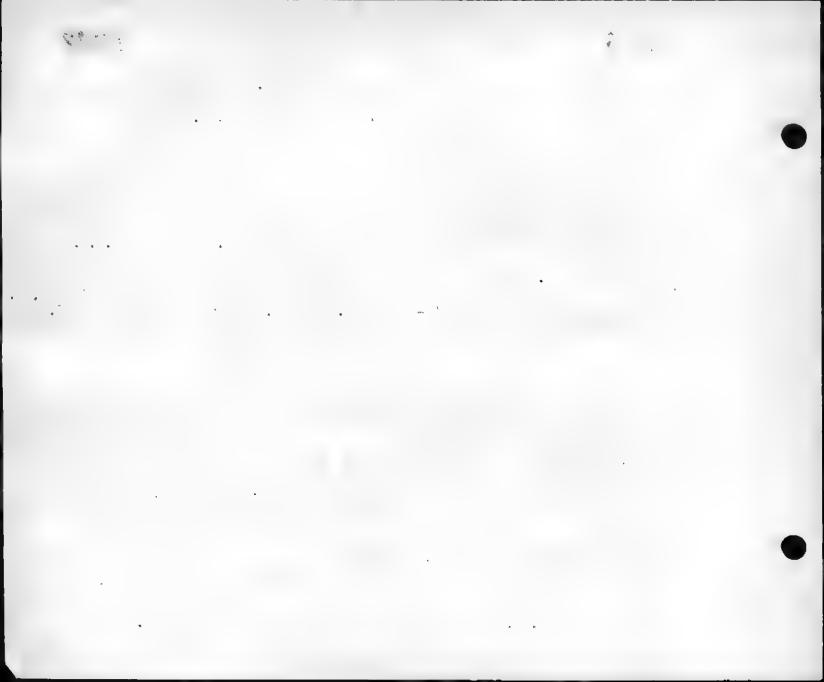
CERTIFICATE OF DEATH

14011

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAY HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Daltimore Carroll MARYLAND Department after death. c. CITY OR TOWN (If putside corporate limits, write RURAL end give nearest town) b. City OR TOWN (if outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b namps tead Approx. Im Glyndon, Md e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? ay 3 to t Page State hours Carroll County General Hospital YES T NO X Butler Road Year DATE Month Day Middle NAME OF First 4. DECEASED ROBER 10 DEATH 19 66 (Type or print) 2 with within LIFUNDER 1 YEAR IT UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yeers 7. MARRIED NEVER MARRIED lest birthday) Months Davs Ноига WIDOWED [ DIVORCED { Lia le White 20 70/2 and a 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Uperator-Lachinery U.S.A. Dallimore . Ed. along pages 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William K. Fearre Hie die Address Pikesville 8,11d. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. Examiner's te Ba iνΩ 212-40-7986 Er Thomas H. Pearre . 705 Templecl Lique INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the EXAMINER: This certificate should underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? the certificate, writing the sinould be forwarded to the use to b CERTIFICATI NO YES [ 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri 20d, INJURY OCCURRED | 20g. PLACE OF INJURY (Home, farm, ) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Not While at work 1 CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autoosv Inspection Inoulty and in my opinion Undetermined manner Accident X Homicide Suicide Natural causes CHIEF MEDICAL EXAMINER YOUr 22. DATE SIGNED Page ASSISTANT MEDICAL EXAMINER SIGNATURE ρ 6 FUNERAL | **EXAMINER'S** director. retained NAME (Type) LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF \_REMOVAL\_(Specify) o, Oct. 18. 1966 Woodlawn Jemeterv Woodlawn, Ha. ullla REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME 3500 4-64

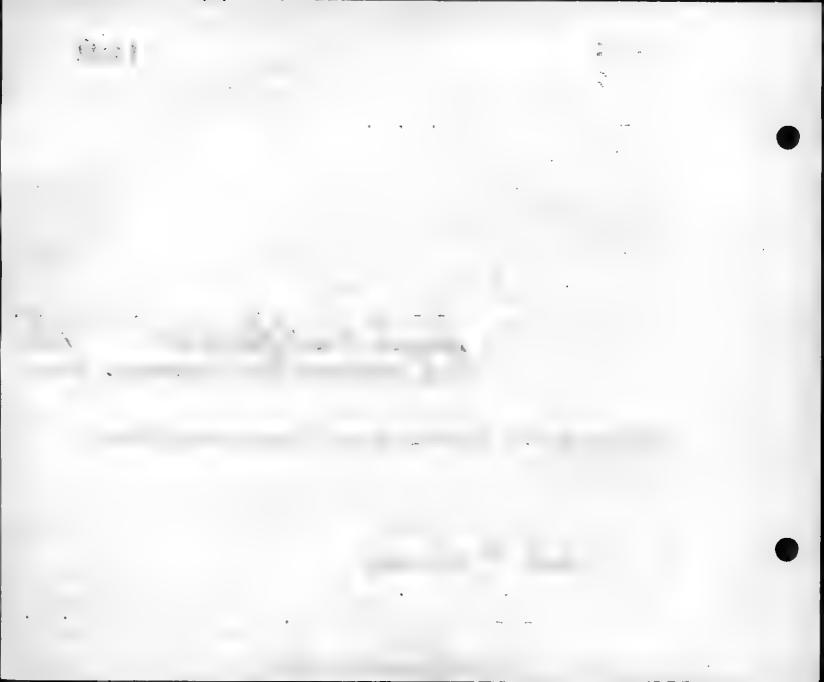


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Carroll Baltimore City MARYLAND Maryland any detay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Lyr.Lmos.3dys. Sykesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Springfield State Hospital 700 McKewin Avenue YES NO T 3. NAME OF Middle Last 4. DATE Month DECEASED the 72 Sophia Stella Poehler October 25 19 66 (Type or print) DEATH 2 with within after death. If a 8. Give Pages 1, 3 ong with form P 6. COLOR OR RACE 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) NEVER MARRIED Months Hours | Female White 11-11-77 WIDOWED K DIVORCED l and sevent 10a. USUAL OCCUPATION (Give kind of work done; 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours Item 1 Albert Behling Dorothy Haupt AL EXAMINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in stabulid be forwarded to the Chief Maderial in stations. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) ((fivesulte war or dates of service) permit. [ No Records. Springfield State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: .IMMEDIATE CAUSE (a) bunial-transit Septicemia days cremation. DUE TO Conditions, If any, which Multiple infected sores weeks gave rise to immediate DUE TO cause (a), stating the used as a to burial, 03 underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic brain syndrome, associated with senile brain disease, without 19. WAS AUTOPSY PERFORMEO? YES [ NO X qualifying phrase 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING DY Fracture. left hip 20b. DESCRIBE HOW INJURY OCCURRED. (Enter pature of Injury in Part I or Part II of Item 18.)
Patient found to have swollen left leg and foot, cause 3 should tagent, pric CAUSE OF DEATH. unknown on 8-29-66 20d. INJURY OCCURRED | 200 PLACE MEDICAL TIME OF INJURY Month, Day, Year 208 PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Springije d State Hour -a-m-While Not While at work at work Sykesville. Carroll. Md\_ CTOR: Page designated Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion DIRECTOR: Undetermined manner death resulted from: Natural eauses 7 Accident Suicide Homicide execute the Page 4 stands for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 25-66 0 director. Paretained for o FUNERAL I **EXAMINER'S** Glenn Speicher, M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town of co 23a. BURIAL, CREMATION, 23c. (State) 0 Baltimore, Maryland Baltimore National Oct. 28, 1966 Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR St. Wm. Cook-Brooks, Inc. VR A15ME Baltimore 2, Maryland 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral s 1 and 2 ter death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Carroll Maryland Frederick MARYLAND nd campletely filled in by the temove carban papers. Pages any event, within 72 haurs affe c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Sykesville lv. lm. 7d. Woodsboro e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO DE Springfield State Hospital none Year Middle 4 DATE Month 3. NAME OF Lost Day DECEASED OF. Bell 19 66 Quick 10 Ada DEATH Type or print) IF UNDER 24 HRS. 8 DATE OF BIRTH AGE (In years ?F UNDER 1 S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** remave 78 yrs Months Days Hours May 1988 50 female white DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 10a USHAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
housewile INDUSTRY Maryland USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then burial, crematian, ar remava George Washington Pettenger unknown 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 220-54-6282 Springfield Hospital records. Sykesville Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. 7000 DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying couse as the priar ta t lost WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? FUNERAL DIRECTOR: After this certificate ha irectar, page 3 shauld be detached far use hauld be filed with the State Dept. of Health | 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m Not While ot work ot work , 1965 , ta. 1966, that \$6 (we) last 21. 1 certify that M (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the 1966, and that death accurred at 2/2 M, fram causes and an the date stated above saw the deceased alive ap-22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 10/9/66 PHYS 22d. ADDRESS Springfield State Hospital PHYSICIAN'S NAME (Type) Carlos G. Lavin. Sykesyille Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Creagers town Fred (Stote) 23b DATE THEREOF BUR, AL, CREMATION 230. Creagerstown Cem. PEMOVAL (Specify) 10-13-66 9 2So. REC D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Rawmond VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14012

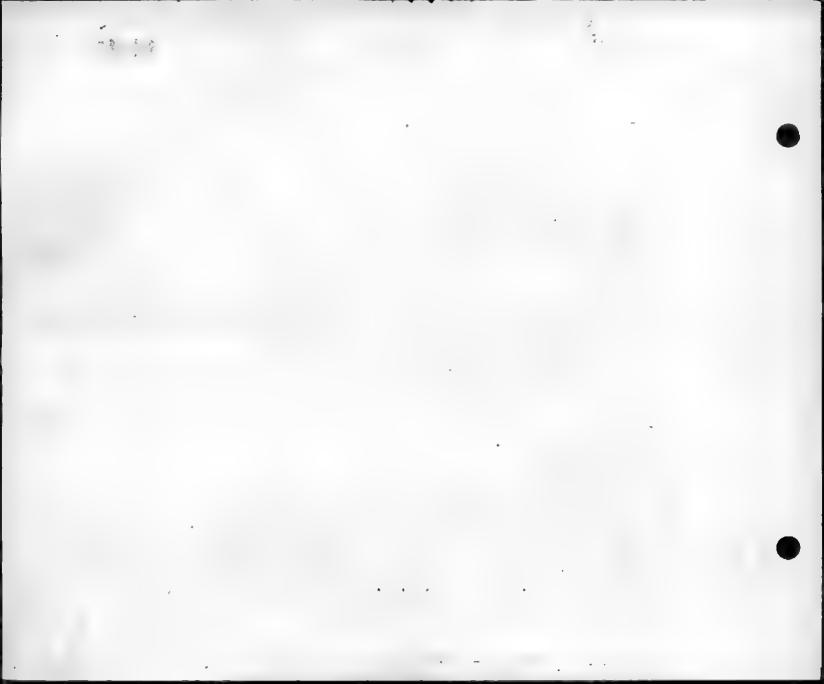
executed within 24 haurs after death.

**FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be. Page 4 may be retained by the haspital ar attending physician.

## CERTIFICATE OF DEATH

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ficate has been s far use as the Health prior tab	Н	PART II OTHER S		NTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TI	FRMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19 WAS AUTO	PSY
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<b>₹</b> 5 8		NAME (Type	Naci N. B	uyukunsal, M. D.			Sykesville, M	aryland	d	
<b>D FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to	23	BO BURIAL, CREMATI	ON, 23b. DATE THER	REOF 23c NAME OF CEMETE	RY OR CREM	IATORY	23d. LOCATION (City of To	own) (C	ounty) (St	tote)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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22c. PH	encon	1 J.	fee	ees (	A M.D.	111131	DDRESS	MED. DIRECTOR		TAFF HYS.	22b. [	DATE SIGNI		2
23a BURIAL, C	REMATION,	23b. DATE TH 11/2/		23c NAME OF CE			ery	1 .		City or Tav	′ -	(County)	,	itate)
24 FUNERAL Tip	DIRECTOR ton-Eli	ne	Н	ADDRESS ampstead	l, Md.		25a. REC D	BY REGIST		2Sb REC	GISTRAR'S	SIGNATUR		ege

TO HOSPITAL OR ATTENDING PHYSICIAN: The law maquires that the death curtificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicity and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death

Montgomery

YEAR

Days

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO 2

19 66

IF JNDER 24 HRS.

Hours

USA

INTERVAL BETWEEN

Days

19. WAS AUTOPSY PERFORMED?

NO

(State)

(State)

YES DO

(County)

22b. DATE SIGNED 10/25/66

(County)

DATE OGT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14014 CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Carroll ompletely filled in by the fur ve carbon papers. Pages 1 event, within 72 haurs after MARYI AND b CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Rural -- Sykesville 5mo. 16days Washington Grove d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Springfield State Hospital 119 Maple Avenue 3. NAME OF Middle 4 DATE First Last Month DECEASED (NMN) 10 Pearl Roberts (Type or print) DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER I 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jost birthday) 01/21/89 ond in any female white WIDOWED 130 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) housewife INDUSTRY North Carolina 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phy permit Then ion, or remova Elvina Boyer ? Spicer IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) permit. 577-48-1932 Springfield Hospital records, Sykesville, Md. no cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, cremotia PART I. DEATH WAS CAUSED BY Lobar pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO os the prior to t stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with senile brain disease wipsychotic reaction. detached for use te Dept. of Health p brain disease with TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) Hour a.m. Not While factory, street, affice blda., etc.) at work 10/25/, 19 66, that 本) (we) last 19 66 , to 21 | certify that 21) (this hospital) attended the deceased from 1966, and that death occurred at 1:30 m, from couses and on the date stated above. sow the deceosed alive on. 22a SIGNATURE **ATTENDING** STAFF PHYS. X M.D. DIRECTOR Springfield State Hospital 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Sykesville. Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 10-28-66 National Memorial Park FallsChurch 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ernest C Gartner

requires that the Leath certificate be executed within 24 haurs after death

by the funeral Poges 1 and 2

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ATTENDING PHYSICIAN: The low

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Page 4 may

VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF BEATH a. COUNTY b. county Baltimore City a. STATE Maryland Carrell MARYLAND Department after death. CITY DR IDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b Baltimore Lmos.5dvs Sykesville the ON A FARM? d. NAME DE HOSPITAL OR INSTITUTION (If not in pospital, give street address) d. STREET ADDRESS ay is 3 to t State hours Springfield State Hospital 506 Woodbeurne NO T YES DATE Month Year Middle First OF DEATH Star 22 DECEASED 19 66 ANNA CATHERINE (Type or print) ROZWADOWSKA OCTOBER 2 with within AGE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ last birthday) Months Days Hours 1-17-05 Female. White WIDOWED 3 DIVORCED ! event 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Housewife U.S.A. Maryland any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 함드 Mary Dwerak James Joseph Raska File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknwn) ((If yes give war or dates of service) permit. removal, This certificate should be executed within Records. Springfield State Hospital Unk. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia burial-transit p IMMEDIATE CAUSE (a) DUE TO Occlusion of air passages by the face being Conditions, if any, which buried in a pillow. gave rise to immediate DUE TO cause (a), stating the 60 underlying cause last. ed as a burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Schizophrenic reaction, chronic undifferentiated type YES X NO [ 20 22 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should 1 agent, pri (County) (State) MEDICAL 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year certificate, factory, street, office bldg., etc.) Hour a.m. Not While at work CTOR: Page designated at work \_ 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion should Undetermined manner death resulted from ... Natural causes or Homicide Accident Suicide CHIEF MEDICAL EXAMINER your execute Page 4 ASSISTANT MEDICAL EXAMINER SIGNATUR director. Pag retained for 0 FUNERAL I **EXAMINER'S** W. Glenn Speicher. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. VR A15ME BER TSONS INC. 4015 35DD 4-64

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) Carroll County COUNTY b COUNTY Maryland Baltimore City MARYLAND b. CiTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o write RURAL and give nearest town)
Syke sville 37 years Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? and campletely filled in d. STREET ADDRESS Springfield State Hospital unknown YES NO ING 3 NAME OF Middle carban First Last 4. DATE Month Day DECEASED OF Jennie Schaale October 19 66 (Type or pant) DEATH 8. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE [29] 7 MARRIED NEVER MARRIED remave last birthday) Hours 11-9-80 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT que no sa prophie par ale prophie de que INDUSTRY U S'A Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CharlesF. Schaale Christiana Smith 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. The law requires that the death (Yes, go, or unknown) (If yes give wor or dates of service) the attema 220-54-6914 Med. Record, Springfield Hospital. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSETEANDEDEATH PART I DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (a) DUE TO vears Canditians, if any, which gave Arteriosclerotic heart disease rise to immediate cause (a). DUE TO priar ta stating the underlying cause has been Pulmonary tuberculosis years last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Schizophrenic Reaction, Paranoid type NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While of work of work 21. I certify that (K (this haspital) attended the deceased fram 8-29-29 to\_10-12 1966 , that (1% (we) last should 19 66, and that death accurred at 1:15AM, from causes and an the date stated above. 10-129 saw the deceased alive an\_ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 10-12-66 director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R. Lajonchere, M.D. Springfield Hospital. Sykesville. 23c-NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



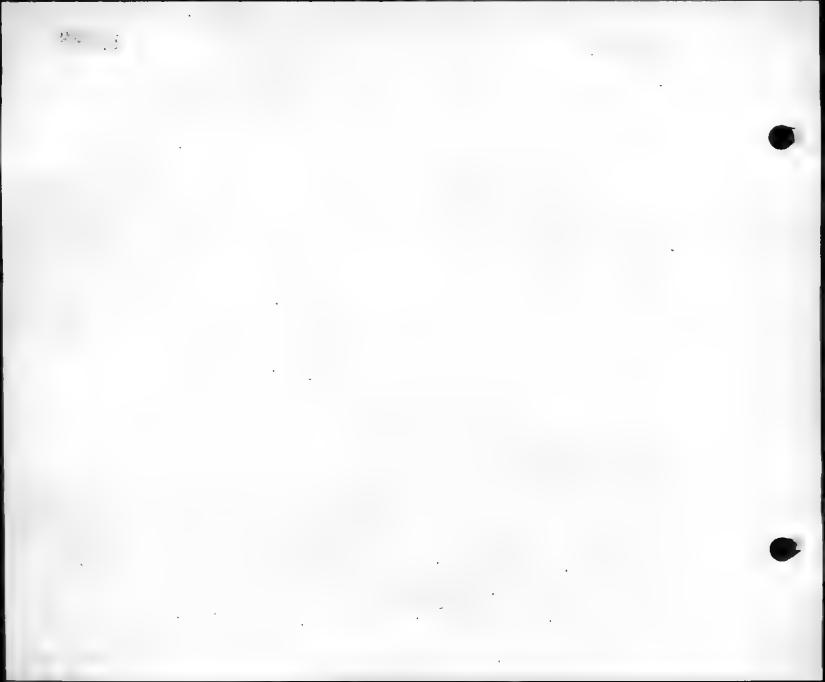
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND alay is necessary, 13 to the funeral Page 5 may be c. CITY DR TOWN (If butside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH DF STAY IN 1b write RURAL and give nearest town) ES 6 B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/address) d. STREET ADDRESS ON A FARM? State 0 ND X and NAME OF DATE Month Middle Day Last 4. DECEASED the 72 66 DEATH 19 (Type or print) 2 with within DATE OF BURTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Pages 1, th form 5. SEX 6. COLOR OR RACE NEVER MARRIED last hirthday) Months Days Hours 24 hours after death. WIDOWED DIVORGED YYS. event with (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. Give COUNTRY? INDUSTRY Les COMOBILES pages 1. MOTHER'S MAIDEN NAME FATHER'S NAME 14. Item 1 File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPURMANT Address (If yes pive war or dates of service) (Yes, no, or unkgwn) HosPita permit. removal, " in pencil ir Examiner's executed withIn INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or inmediate cause (a) Acute & chronic left ventricular myocardial AL EXAMINER: This certificate should be execut the certificate, writing the word "pending" should be forwarded to the Chief Medical E files. DUE TO infarction Conditions, if any, which (b) Severe coronary arteriosclerosis Years gave rise to immediate **DUE TO** cause (a), stating the ₹O underlying cause last ed as a burrial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Old subdural hematoma ICATI YES X NO [ 25 CERTIFI 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 5 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 필드 3 should CAL 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year 120e PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Page or its designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion **Undetermined manner** death resulted from: Suicide Hemicide Natural causes Accident execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATUR 9 FUNERAL I DEBUTY MEDICAL EXAMINERY please ex director. retained t Glenn Speicker, W. Μ. COUNTY NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23h. DATE THEREOF REMOVAL (Specify) 90 0 AHAVAS ACHIM VERFIN 4/66 MARYLAND REC'D BY REGISTRAR 25b. AUNERAL DIRECTOR 25a. 24. VR A15ME 3500 4-64



FOR STATE  14019  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. PLACE OF	
HEALTH DEPT. 1. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence to	
a. COUNTY a. STATE b. COUNTYBalto. C	ity V
Carroll  MARYLAND  D. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	. 4
Westminster  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e.	IS RESIDENCE
San San San Carroll Co. Hospital 5612 Birchwood Ave. #14 YE	ON A FARM?
Carroll Co. Hospital 5612 Birchwood Ave. #14 YE	Year
OF DECEASED  (Type or print)  Robert A Soid 3	20
(Type or print) Robert A Seidel DEATH 10/30/66  5. SEX   6. COLOR OR RACE   7 MARRIED   18. DATE OF BIRTH   9. AGE (in years   IF UNDER 1 YEAR)	FUNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR) Honths Days  Male White WIDOWED DIVORCED 8/20/1802 74 yrs.	Hours Min.
Male White WIDOWED DIVORCED 8/20/1892 74 yrs.  10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY  11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY?	F WHAT
during most of working life, even if retired) INDUSTRY	
Self Employed Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
Seidel Amelia White	
? Seidel Amelia Wolf  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bel	air
(Yes, no, or unkown) (If yes give war or dates of service)	Md.
No No New No Cause of Death (Enter only one cause per line for (a), (b), and (c).]  No No New No Cause of Death (Enter only one cause per line for (a), (b), and (c).]  No New No Cause of Death (Enter only one cause per line for (a), (b), and (c).]	VAL BETWEEN
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE GAUSE (a)  Carculars Theory Carc	T AND DEATH
Amen of Decase Decase Developed Disorder Disorde	21.1
Conditions, if any, which ) (b) Hyperlander 19	-00.27
gave rise to immediate cause (a), stating the DUE TO	an
underlying cause last. (c) Control of the control o	WAS AUTOPSY
underlying cause last. (c) LACLAS SELLA SECONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) / 19.  YES	PERFORMED?
VES YES YES YES YES YES YES YES YES YES Y	NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) V 19.  YES  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   cause of Death.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  PRIMARY   or CONTRIBUTING   cause of Death.  20c. Time Of INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)  While   Not Whil	
CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work	
p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, and death resulted from: Natural causes	In my opinion
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and death resulted from: Natural causes X, Accident, Suicide, Homicide, Undetermined manner	in tity opinion
death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner	
ACTUAL AC	DATE SIGNED
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	-30-66
ACTUAL SIGNATURE	Largel
NAME (Type) VV GIENN DETCHER GREATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	//Stete)
F F Durial 11/4/00 Talon Of Talon Cem. Baltimore Ma	YURE
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNAL	ATURE
VR A15ME Leonard J. Ruck Inc. 5305 Harford Rd. #14 DATE NOV 2 1986 JCharles	Judge

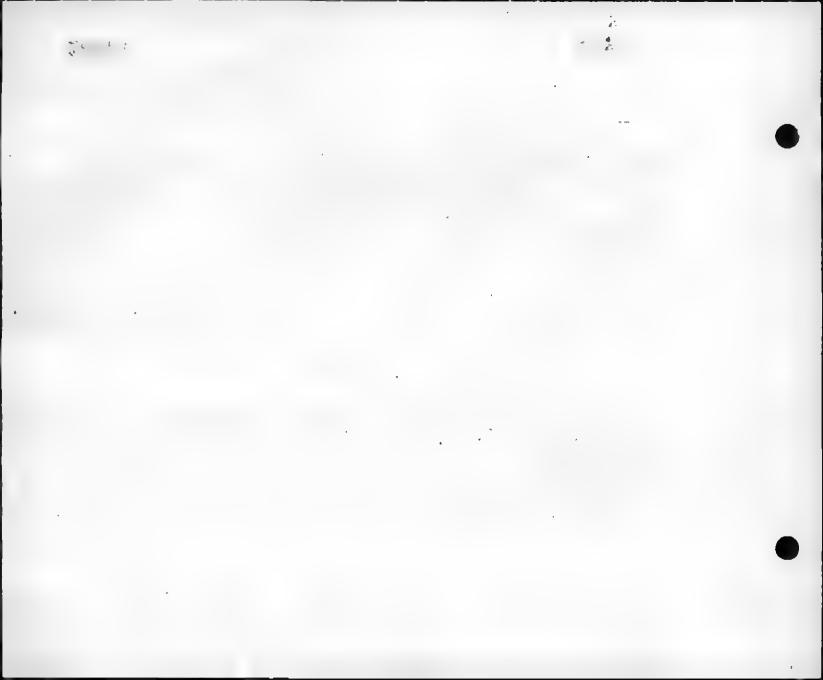


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a COUNTY STATE b. COUNTY by the ti attending physician and completely filled in by the firmit. Then please remove carbon papers. Pages 1, or removal, and it any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ÓR TOWN A outside e. IS RESIDENCE d. STR OR INSTITUTION (if not in hospital, give street address) ON A FARM? NO Z YES executed within 3. NAME OF DATE Month Middle Day First Last Year DECEASED 19 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR (IF UNDER 24 HR\$ 7. MARRIED Z NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED: 14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR RTHPLACE (County & State, or foreign country) INDUSTRY requires that the death certificate be FATHER'S NAME MOTHER'S MAIDEN NAME SEM NOT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT FUNERAL DIRECTOR: After this certificate has been signed by the attent inector, page 3 should be detached for use as the burial-transit permit, nould be filed with the State Dept. of Health prior to burial, cremation, or r (Yes. no. or unkown) ((If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** (a). stating underlying cause last. (c) CATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO X YES [ CERTIBLE 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4:20 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a. MED. DIRECTOR STAFF PHYS. M.D. PHYS. ADDRESS 22d. PHYSICIAN'S director, p should be 1 NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) 0 FUNERAL DIRECTOR 25a. REC D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death funeral ana, 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH **b** COUNTY COUNTY Carroll Maryland MARYLAND by the f Pages b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) papers Pag hin 72 hours o (Rural) and sive nearest town) le 26v 10m 12d Baltimore City e IS RESIDENCE ON A FARM? and completely filled in d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS Springfield State Hospital No fixed street address NO A 3. NAME OF Manth Middle 4. DATE corban First Last Day Year DECEASED 0F (NMN) 19 66 Eddie Smith 10 31 (Type or print) DEATH IF UNDER 1 YEAR 1 IF LINDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove birthdoy Haurs 1-1-1902-? male white WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Peose Carried during most of working life, even if retired) INDUSTRY USA USA physician nen pleose Orphan--Baltimore-? 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME crematian, or removal. unknown unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, ng, or unknawn) (If yes give war or dates of service) Hospital Records none PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit M ONSET AND DEATH Acute Coronary occlusion IMMEDIATE CAUSE (a) Á DUE TO signed I Conditions, if ony, which gove rise to immediate cause (a) DUE TO offending p stating the underlying couse as the hos been fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? Health Schizophrenic reaction, paranoid type in a mental defective Chronic puljonary emphysema NO be retoined by the hospitol or TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour am. factory, street, affice blda., etc.) Not While al work at work 2). I certify that (X) (this haspital) attended the deceased fram 12-19 , 19 39 , ta\_ 19\_66 that bb (we) last 10-31 should 19.66, and that death accurred at 7.08 M, from causes and an the date stated above. saw the deceased alive an\_\_\_10\_31 22b DATE SIGNED 22a. SIGNATURE 10-31-66 DIRECTOR PHYS. filed PHYS. director, poge should be filed State Hospital 22d. ADDRESS Springfield 22c. PHYSICIAN'S Poge 4 may NAME (Type) Sykesville, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. DATE THEREOF (County) (State) REMOVAL (Spesify) Cemetary 2Sb. REGISTRAR'S SIGNATUR 25g. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966





TO HOSPITM. R ATTENDING PRYSICIAM: The law requies that the leath certificate be exacuted. 24 hours after death. Page to be retained by the hospital or attending physician.

TO FUNERA! AECTOR: After this certificate has been signed by the attending physician and completel in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers is 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 7/61

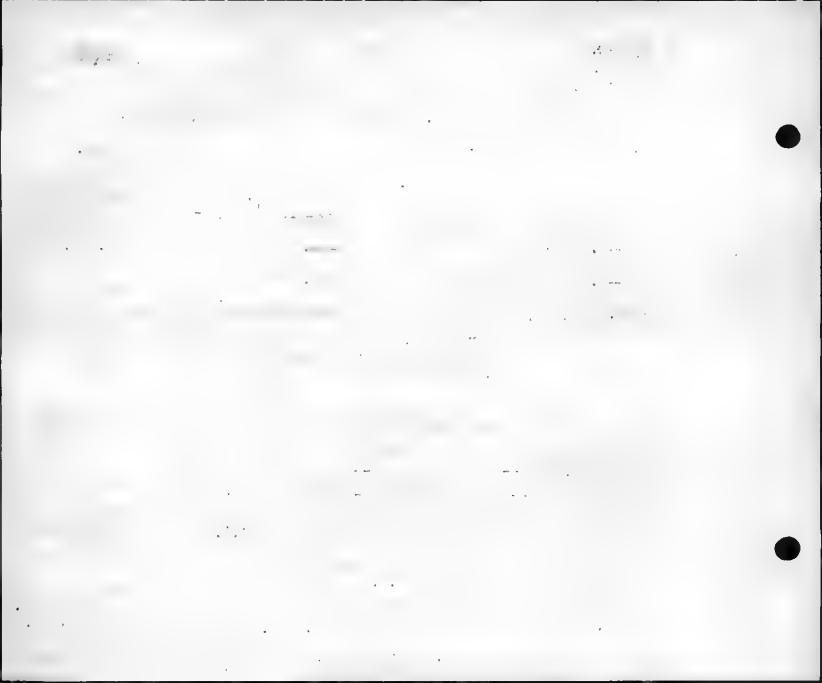
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH STREET, BALTIMORE 1, MARYLAND 14023 14026

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before edmission)
a. COUNTY MARYLAND	Trasuland b. county used
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN(I) outside corporete limits, write RURAL and give necrest town)
MASS + Meseralle PA III 20 4/2.	Mestrumente PA#4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS   0. IS RESIDENCE
Crumberry	ON A FARM? YES NO Z
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or pnnt) ALTIE LEMAIN S:	TREVIG DEATH OCT. 17 1966
5. SEX	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Sall birthdey)  Months Deys Hours Min.
Semale White WIDOWED DIVORCED	Jun 28, 1893 73 vs
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRESS OF INDUST	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nm	Crivillo-ma. 4.J.a.
13. FAMER'S NAME	14. MOTHER'S MAIDEN NAME
James Lerry Strives	alere Valesmy & roh
15 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Same
	Us Hrake Markey a delice
18. CRUSE OF DEATH (Enter only one coeff per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lar elislas à Cova estul Sandialy.
DUE TO A	of Failure 5 and
Conditions, if any, which \ (b) allered of	Lerose & Level 40511
gave rise to immediate cause	
(e), stelling the underlying both to cause lest.	a gitous yours
	DT STATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11 19. WAS AUTOPSY PERFORMED?
ĮŠĮ	YES NO X
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	), (Enter nature of injury in Pert Lor Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m.  While No! While   1900	ny, siloan, ulitea midgi, alei,
21. I certify that (I) (this hospital) attended the deceased from.	7-13- 1963 to 10-17 , 1966, that (1) (we) last
1 0 102	death occured and with from the causes and on the date stated above,
22a. AIGNATIA	22b, DATE
Willem Meicher	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
Tradit (179e)	Westminster med
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10/19/66 Pridero	Cemeliny watermister RA. md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250, JEC'D BY REGISTRAR   256, REGISTRAR'S SIGNATURE
4.5. Marlos & Westvine	The Cat act 20 1966 Charles & you

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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<i>i</i>	N d			14024		CERTIF	ICATE	OF DEATH		1	4027
within 24 hours after death	by the funeral Pages 1 and 2 Iours after death.	163		LACE OF DEATH				2 USUAL RESIDENCE (		h COUNTY	ence before admission)
Ja.	fun 1 s	`~		Carroll			/LAND	Hary.		b. COUNTY Car	
age of	age 3 af		,); ( D)	CITY OR TOWN (If outside corporate li write RURAL and give negres town) ural Sykesville	mits,	c. LENGTH OF STAY  Oy • 5m	22d	c. CITY OR TOWN (If ou	utside corporate limit: minster,		
JOOL	bour b			NAME OF HOSPITAL OR INSTITUTION (			220	d. STREET ADDRESS	mrnster,	Route #-	
24 1	d in		C	Springfield Sta		-		Q. SIKELI ADDRESS			e IS RESIDENCE ON A FARM? unk eyes No Sc
j.	뺾쩅	100	3 1	AMF OF	First	Middle		Lost	4. DATE	Month	Doy Year
wit	completely filled in by those corbon popers. Paging event, within 72 hours		(	and a semi	nest	P.		Stultz	OF OEATH	10	6 19 66
executed	mplo /e cc even		Š. 5		7. MARRIED	NEVER MARRIE		B. OATE OF METH 3,	182 84AGE	In years IF UNDI	R I YEAR   IF UNDER 24 HRS.   Doys Hours Min
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þe			10o durii	USUAL OCCUPATION (Give kind of work di a most of working life, even if retired)		IND OF BUSINESS OR I		11 BIRTHPLACE (County	_	untry) 12.	CITIZEN OF WHAT
ate	oleose , and i			ng most of working life, even if retired)  HINE LABORET  FATHER'S NAME				unit. Carro		y, Ma-	U.S.A.
- É/	2 3 8		13.		n Stult:	7		senie. Enr			
9 1	The French		15.	WAS DECEASED EVER IN U.S. ARMED FORCE	52 16.	SOCIAL SECURITY NO	17 (			Address We	stminster, M
requires that the deoth certificate be	ottendii permit. ion, or re		(Ye	, no, or unknown) (If yes give wor or do		12-12-908		HE SEE SEE	ecords	80 Ridge	Road
the	Speller y spins			18. CAUSE OF OEATH (Enter only one	cause per line for		P-1				NTERVAL BETWEEN
to.	by the tronsit cremot			IMMESIATE CA	JDE 101						YEARS AND DEATH
as t					DUE TO COPO	nary arter	y in	sufficiency			Years
quir	signed buriol-t buriol,			Conditions, if any, which gave inse to immediate cause (a),	(")	e pyelonep	nr1 t	LS			Months
. v	the trot			stoting the underlying couse	OT 3UC						
ò	s be as t prior			PART II OTHER SIGNIFICANT, CONDITION Chronic brain sy	S CONTRIBUTING	TO DEATH BUL NOT RE	ATED TO	THE JERMINAL OISEASE CO	NDUTION, GIVEN IN PA	RI 1(0)	19 WAS AUTOPSY PERFORMED?
Ĭ.	말등하는	2	CERTIFICATION	Chronic brain sy reaction	ndrome,	senile b	raın	disease,	with psy	cnotic	YES X NO
NA.	ificate for us f Heolt		TIEG	200 ACCIDENT WAS UNDERLYING	205. D	ESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Port II of i	tem 18.)	
PHYSICIAN	t. of			OR CONTRIBUTING CI CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
E	this certi etached Dept. o		MEDICAL	20c TIME OF INJURY Month, Coy, Yeo	- While	NJURY OCCURRED  Not While	20e PLA	CE OF INJURY (Home, formand), street, office bidg, etc.	n, 20f (City (	or town) (	County) (State)
S S	fter t fter t be di		N	D21789	19 at wor	rk 🔲 of work 🔲				10.6	0 6 6 11 m mbs 1 m 1 1 m
ATTENDING				21. 1 certify that ≱) (this saw the deceased ofive or	naspitall after	ided the deceased	nnd tho	t death accurred a		10-6 , 1	966, that #1) (we) las the date stated obove
E.	show the			220. SIGNATURE /			0110 1110			22b.	DATE SIGNED
98	DIRECTOR: / DIRECTOR: / ge 3 should iled with the			Heir	H. K	leately	M.	D. PHYS.	MED DIRECTOR	STAFF PHYS.	10-6-66
A.		,		22c. PHYSICIAN'S Heinz	H. Klas	tsch, M.I		22d. AOORESS	-13 Ch-4	. Unamida	al, Sykesvill
SPIT	AER.	/	20		Zurbrof	Log Haur of Cra	CTCDV AD		23d LOCATION		
O HOSPITAL	roge 4 may TO FUNERAL director, pm		230	BURIAL, CREMATION, REMOVAL (Specify) 10/1		23c. NAME OF CEN					(County) (Start).
2	2 0 %		24	FUNERAL DIRECTOR	0,00	ADDRESS	11.2	Cathr. Cem	O BY REGISTRAR	25b. REGISTRAR	S SIGNATURE _
	VR A15 (4)			(15,221	1.1.45	//		Ga- V 1	10T 4 0 10	nice Mil	auto andre



4925

CERTIFICATE OF DEATH

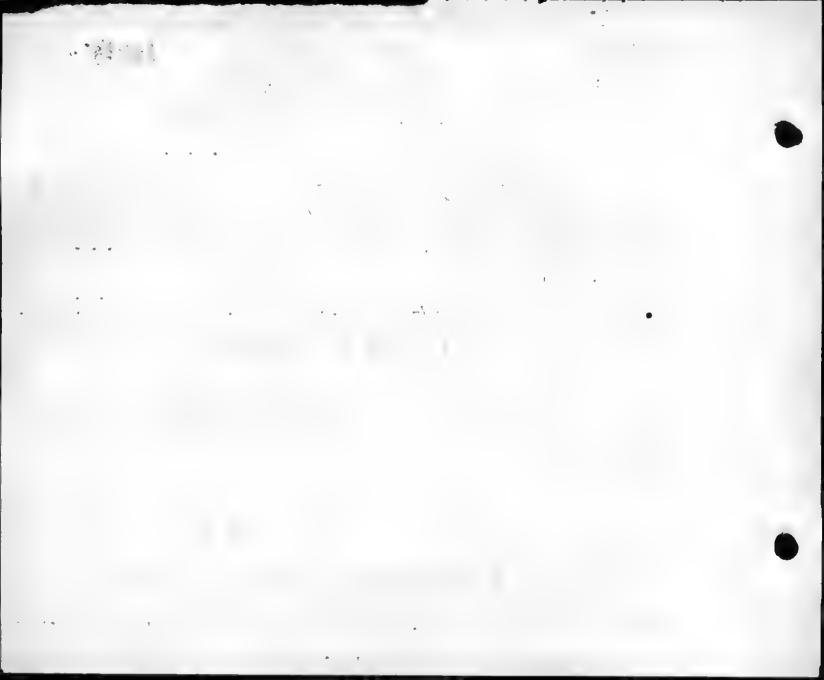
ŹĹ	10 40 177 1					4063
Ī	PLACE OF DEATH					on: Residence before admission)
	o. COUNTY C	arrol1	MARYLAND	o. STATE Mary 1		Carrol1
Г	b. CITY OR TOWN	It outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	,	tside corporote limits, write RUF	(AL and give nearest town)
	Westmin	ster	3 Days	Westmins	ster (Rural)	4 80 1
		AL OR INSTITUTION (If not in hospital,	3	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Carroll	County General H	iospital	Westminster	. Md. R. D.6	YES NO 🔼
3	B. NAME OF DECEASED	First	Middle	Lost	4 DATE Mont	b Doy Year
	(Type or print)	Burl	Dorsen Stu	tler	DEATH OCTO	
4	S, SEX	6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	Male	White WIDOWED	DIVORCED	9/22/1886	80 Yrs	
	On USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	,	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- E	etired St	eel Mill Employee	Steel Mill			U.S.A.
Л	FATHER'S NAME			14. MOTHER'S MAIDEN I		
<b>}</b> L	George				lice Moore	
Ή	<ol> <li>WAS DECEASED EVI (Yes, no. or unknown)</li> </ol>	(If was give wor or dotes of service)		INFORMANT	Addre	Ka Da G
	No	] 2	213-07-2505 Mr	s. Catherine	B. Stutler,	Westminster, Md-
Г		EATH (Enter only one couse per line for TH WAS CAUSED BY.	r (o), (b), and (c).)		p.	INTERVAL BETWEEN ONSETZAND DEATH
		IMMEDIATE CAUSE (o)	Lucusto	Thrombo	ors.	-3 July
н	420		U			
Н	Conditions, if ony	e couse (o)				
	storing the unde					
	lost.	) (c)	TO BEATH BUT HOT BELLTED TO	THE TERMINAL DISEASE CO.	CONTION COVEN IN BART 1/-1	19. WAS AUTOPSY
ATION	200 ACCIDENT WA OR CONTRIBUTING	GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE COR	ADITION GIVEN IN PART I(0)	PERFORMED?
1	200 ACCIDENT WA	S UNDERLYING (1) 205. D	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port 1 or Port II of item 18.)	
		MEDICAL EXAMINER)				
77.0	20c TIME OF INJ Hour o.	m. Whil		ACE OF INJURY (Home, form clory, street, office bldg., etc.)		(County) (State)
1		ify that (I) (this haspital) atte	nded the deceased from	10/23 1	966, to 10/26	, 19 <i>6.6</i> , that (I) (we) las
		eceased alive on	26 1966, and th	at death occurred at	33 M, from couses	and an the date stated above
Т	220 SIGNATURE	`		ATTENDING	MED. STAFF	22b. DATE SIGNED
		John & Haron	her 1	A.D. PHYS	DIRECTOR PHYS.	10/26/66
	22 PHYSICIAN' NAME (Type	JOHN S. H	PARSHEY MO	22d ADDRESS 8 aug	don St. Wis	twinster med
=	230 BURIAL, CREMATI	DN, 23b DATE THEREOF	23c NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION (City or To	, , , , , ,
	Burial Specific	10/28/66	St. Marys C	emeterv		Carroll Co., Md
2	24 FUNERAL DIRECTO	R / I Sign	ADDRESS	2So. REC'I		GISTRAR'S SIGNATURE
) /	Kilhal	d Ded ITTV	Littlestown	Pa . DATE O	OT 2.7 1988 3	Mionly Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removed, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 (8 8		Division of STATIS		MARYLAND STATE D RCH AND RECORDS, 3		ALTH ET, BALTIMORE, MARYLA	AND 21201
		14625		CERTIFICAT	E OF DEATH		14029
death and death	(	PLACE OF DEATH O. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUNT	n Residence before odmission) N Balto. City
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after or Page 4 may be retained by the hospital ar attending plusician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after or provided.	ŀ	o. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town) Sykesville	s,	C LENGTH OF STAY IN 16	Baltimore	side corporate limits, write RUR/	3. 4
Iled in papers.	(	Springfield State	ot in hospital, gi	ive street oddress)	d. STREET ADDRESS 2902 Guil	lford Ave.	e IS RESIDENCE ON A FARM? YES NO
d withi		OFCEASED (Type or pant) Catherin			eitzer	4 DATE Month OF DEATH Oct	30 56
d compositions any eve		White White	7. MARRID : WIDOWED	DIVORCED	10-11-1913	9. AGE (In years 5 3ast birthdoy) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS Months Doys Hours Min
ate be ician an lease re and in		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Housewife	105. KIP IND	ND OF BUSINESS OR DUSTRY  THOME	Maryland		12 CITIZEN OF WHAT COUNTRY?
certific g physi Then p moval,		James McTeague			14. MOTHER'S MAIDEN N		,Sykesville
death: uttendin ermit. n, or re	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? s. no. or unknown) (If yes give wor or dotes IN O	of service) 213	-10-3922 S	INFORMANT pringfield Ho		Maryland
hat the n.y. the output the output the output to the outpu		IB. CAUSE OF DEATH (Enter only one compart I DEATH WAS CAUSED BY, IMMEDIATE CAUSE	(0) (53 months)		iver		INTERVAL BETWEEN ONSET AND DEATH Months
ollysicia ollysicia igned k igned tr		Conditions, if ony, which gove ) rise to immediate couse (a),	(b)	Inutrition			Months
law rei ending ( been s is the t		stoting the underlying couse bust.  DUE  PART II OTHER SIGNIFICANT CONDITIONS CO	(c)	O DEATH OUT MOT DELATED TO	THE TENHINAL DISCLASS CONT.	DITION COUNTY DE DADT 1/-1	10 WAS ALITOPSY
IN: The ar atti	FICATION	CBS, alcohol into	cication	***************************************	lifying phras	e	39. WAS AUTOPSY PERFORMED?  YES NO
HYSICIA hospita s certific ached fe	MEDICAL CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year			LACE OF INJURY (Home, form,		(County) (State)
ing by the by the fler this be dete	MED	Hour c.m. p.m. 19 21. I certify that (I) (this has	While of work	Not While of work	octory, street, office bldg., etc.)		0_, 19_66 that (I) (we) las
ATTEND ATTEND TOR: A Should ith the		saw the deceased alive on_	10-30-6	56_19, and th	at death accurred at_	1.2noMnfram causes o	and an the date stated abave 10-30-66
AL OR by be reflected by here		224. PHYSICIAN'S	1(1)	j/	M.D. PHYS L 22d. ADDRESS	MED. DIRECTOR PHYS.	Sykesville
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	230	NAME(Type) Octavio F BURIAL, CREMATION, 23b. DATE TH		23c NAME OF CEMETERY O		23d. LOCATION (City or Tow	TraT
TO HOS Poge direct direct should be	Bi 分	REMOVAL (Specify) 11/2/1 FUNERAL DIRECTOR W. Jenkins & Son	.966 is Co <sub>.8</sub> 6	New Cathe	dral 250. REC'D		GISTRAR'S SIGNATURE
20 M 1/66	1 **	and the contraction of the contr	Ře	マイム フラー Ma	DATE (	PT 2 1 10cc	001, 1 0

100 Ŧ MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COUNTY b CONNTY o. STATE MARYLAND Carroll Maryland Dorchester b CITY OR TOWN (If outside corporate limits, c TENGTH OF STAY IN 46 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)

Sykesville 36 Yrs. 8 MO Cambridge B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO PE Springfield State Hospital Middle 3 NAME OF Lost 4 DATE Month Year DECEASED (Type or print) OF DEATH 11 Oct. Charlotte Taber IF UNDER 1 YEAR | 1F UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years lost bythdoy) Months Dovs Hours Thite Temale DIVORCED WIDOWED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Pennsylvania 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Celia Cook Adam Lohman 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. Address Pt's Record Springfield State Hospital 220-54-6021 INTERVAL BETWEEN 1B. (AUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gove (b) Arteriosclerotic Heart Disease rise to immediate couse (a), DUE TO stoting the underlying couse Carcinoma Of The Breast 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES T NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour p.m. foctory, street, office bldg., etc.) Not While ot work ot work 21 I certify that (I) (this haspital) attended the deceased fram 2-24-30 10-11-66 19\_\_\_\_, that (1) (we) last 19 and that death accurred at 6: 30 M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Rinaldo Lajonchere Jykesville. .... 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 10/15/66 Quincy

Page 4 may be retained by the hospital or attending physician director, page 3 shauld be filed v 2 VR A15 [4] 20 M 1/66

FUNERAL DIRECTOR: After this certificate has been rector, page 3 shauld be detached far use as the hauld be filed with the State Dept of Health prior ta

filled in by the funeral grapers. Pages 1 and 2 thin 72 hours after death

filled

and campletely f

attending physician sermit. Then please

signed by the burial-transit p

ar removal,

cremation,

burial,

and in any event, within 72

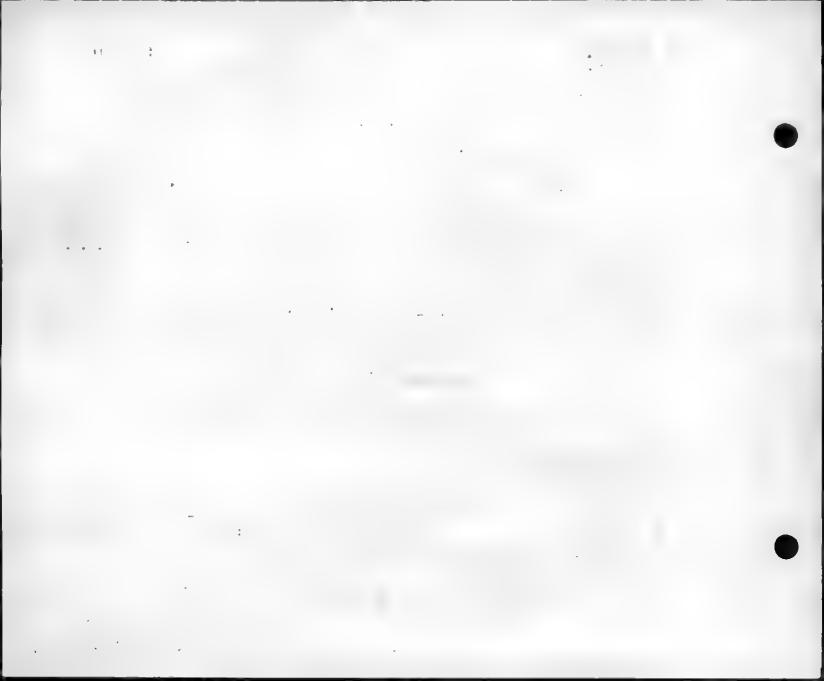
PHYSICIAN: The law requires that the death certificate be executed mithin 24 haurs after Teath.

24 FUNERAL DIRECTOR

, line" 2So. REC'D BY REGISTRAR

1966

Tranclin Penn REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Carroll MARYLAND larvland Carrol b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b please remove carbon papers. Pal Swieswille wears Woodbine .⊑ e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Pullen Tursing Home NO V YES executed within completely 3. NAME OF First 4. DATE Middle Last Month Year DECEASED DE (Type or print) DEATH 19 66 Tucker October 6. COLOR OR RACE | 7. MARRIED 5. SFX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. DATE OF BIRTH NEVER MARRIED T Male White TOV. WIDOWED . DIVORCED 1.1903 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? O.Railroad Track H and Carroll. Co. Md. ם 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending ph burial-transit permit. Then i burial, cremation, or removal Frank Catherine Hatfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) 20-03-2726 Mrs. George Cronwell Same As INTERVAL BETWEEN ONSET AND DEATH has been signed by the as the burial-transit property in prior to burial, cremating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_ 1957 Coronary thrombosis through DUE TO Arteriosclerosis, generalized Cenditions, If any, which gava rise to immediate DUE TO cause (a), stating the Cardiac failure. Chronic brain syndrome. underlying cause last. After this certificate had be detached for use a State Dept. of Health pr CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? the hospital or NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State - Not While at work at work p.m. retained 19 57. to Oct. 5. . 19 66. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from  $_{-}$  and that death occurred at 6:45M. from the causes and on the date stated above. 19 66 saw the deceased alive on... 22b. DATE SIGNED 22a. SIGNATURE De e STAFF PHYS. ATTENDING Oct. 6. 1966 DIRECTOR PHYS. тау PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Howard E. Hall. Sykesville, Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soccify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Olive Cemetery Carroll かうつ 1966 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS Waltz ox 241 Sykesville. VR AL5 (4) DATE ( 20M 1/65



	DIVISION OF STATISTICAL	MARYLAND STATE DEP RESEARCH AND RECORDS.	ARTMENT OF HEAL 301 W. PRESTON STREE	.TH T, BALTIMORE 1, MARYLAND
¥	14029	CERTIFICATE	OF DEATH	14032
1.	PLACE OF DEATH	0	2. USUAL RESIDENCE (When	b. COUNTY
_	b. CITY (DR) TOWN (if outside colponies him	MARYLAND  10. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAY and give nearest to
	wrst 80 Al and give neerest (wn)	ce 4 years	LN bld st	bild Baltimore
0	d. NAME OF HOSPITAL OR THE THUTION	tif not in hospital, give street address)	d. STREET ADDRESS	a. IS R ON
3.	NAME OF PIES DECEASED	Middle 2	1 2721 N. Calve	
	(Type or print)	a turnen	DEA	W C/7 3 19
<b>5</b> .	SEX S. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. ACt. (Income of the expension of the
10: de	e. USUAL OCCUPATION (Give kind of wor	rk   106. KIND OF BUSINESS OR INDUSTR	Y II BIRTHPLACE (County & Stele	o, or fore gal country) 12, CITIZEN OF WHAT
	CLC LE FATHER'S NAME		14. MOTHER'S MAIDEN NAME	rd. 14.5,4.
10.	?	Gesner.	Not K.	NOWN
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17-21	INFORMANT 62	Address
2 4	18. CAUSE OF DEATH [Enter only on	93/5-76-1676 //	using otom	INTERVAL SE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6	D.	eary Oxcl	urion Juli
	4201 DUE TO	, , , , ,	1/8	11 8
	Conditions, if eny, which geverise to immediate cause	7	L. My or	granz 1
	couse lest. (c	Der	caterio of	Elevery 3
ATION	PART II. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART 1(a) 19,1 WAS PERF
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Perl I or	<u> </u>
MEDICAL (	20c. TIME OF INJURY Month, Day, Y	eer , 20d. INJURY OCCURRED , 20e. PLA	ACE OF INJURY (Home, ferm, 20f.	(City or town) (County)
MED	Hour e.m. 19	et work et work	11/1	10.19
	21. I certify that (I) (this hosp saw the deceased alive on	pital) attended the deceased from		rom the causes and on the date state
	220. SIGNATURE	11 1	ATTENDING MED.	STAFF // /22
	22c. PHYSIGIAN'S	asten "	PHYS. DIRECTOR	PHYS. [] Wef-
	NAME (Type)	MASTIN	West	minster he
23	PENOVAL (Specify)	EREOF 23s, NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town or county) (
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY RE	GISTRAR 256. REGISTRAR'S SIGNATURE
1 1	a un las alle lune ?	2111 A118 1111 A	CONT I COT !	1986 "Master Vied



B IS RESIDENCE ON A FARM?

Day

YES INO

IF UNDER 24 HRS.

INTERVAL BETWEEN

YEARS

19. WAS AUTOPSY PERFORMED? NO

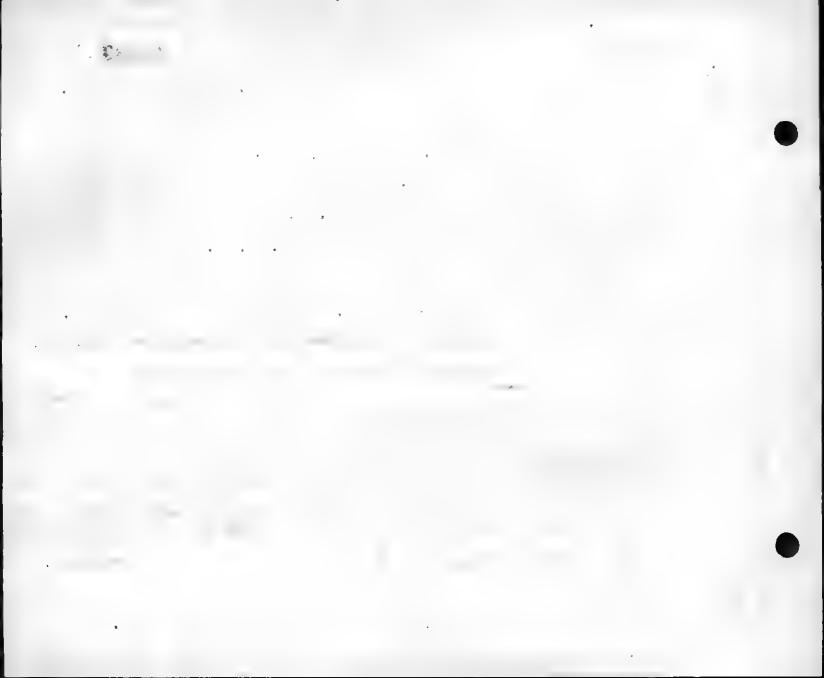
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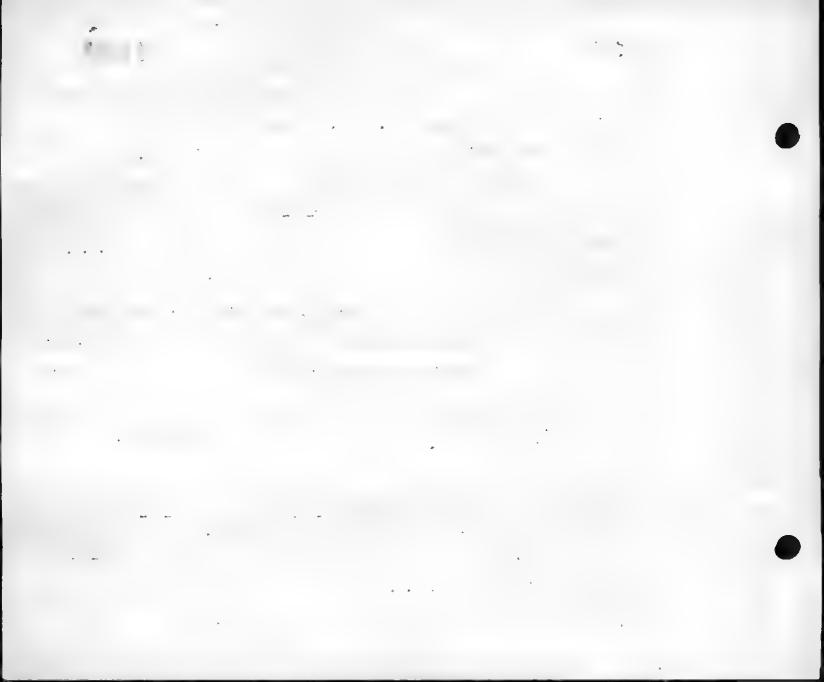
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14030 CERTIFICATE OF DEATH leath funeral 5 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE b. COUNTY Carroll MARYLAND Md. Balto. and camptetely filled in by the furemave carban papers. Pages 1 n any event, within 72 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Westminster Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS Carroll County General Hospt. Glen Falls Road 3 NAME OF Middle 4 DATE Month DECEASED (Type or print) OF DEATH Russell L. Uhler 10 S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED Last birthday) Oct. 28, 1919 WIDOWED DIVORCED Male White 10g USUA, OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired)
Farmer & Truck Driver physician care per property of the physician care physician care party and physician care physic COUNTRY? INDUSTRY Balto. Co. Md. 14. MOTHER'S MAJDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then ' burial, crematian, or remova Elmer T. Uhler Maggie I. Fowble 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, go, or unknown) (If yes give wor or dotes of service) 214-12-2034 Mr. Edgar M. Uhler Reisterstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY INFARCTION ACUTE IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave HRTERIO SCLEROTIC CARDIO VACCULAR rise to immediate couse (a). stating the underlying cause has been be detached far use as the State Dept. af Health prior ta DISCASE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D IUNIRAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Hour o.m. factory, street, office bldg , etc.) Not While . 1966, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram... 10/20 1966 director, page 3 shauld should be filed with the 1966, and that death occurred at / M, fram causes and on the date stated above. saw the/deceased alive on. 10/21 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 22s: PHYSICIAN'S NAME (Type) 22d. ADDRESS 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) By REMOYAL (Specify) 10/21/66 Finksburg Cemetery Finksburg, Md. 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 J. F. Eline & Sons Reisterstown, Md. 1966 Ocharla.

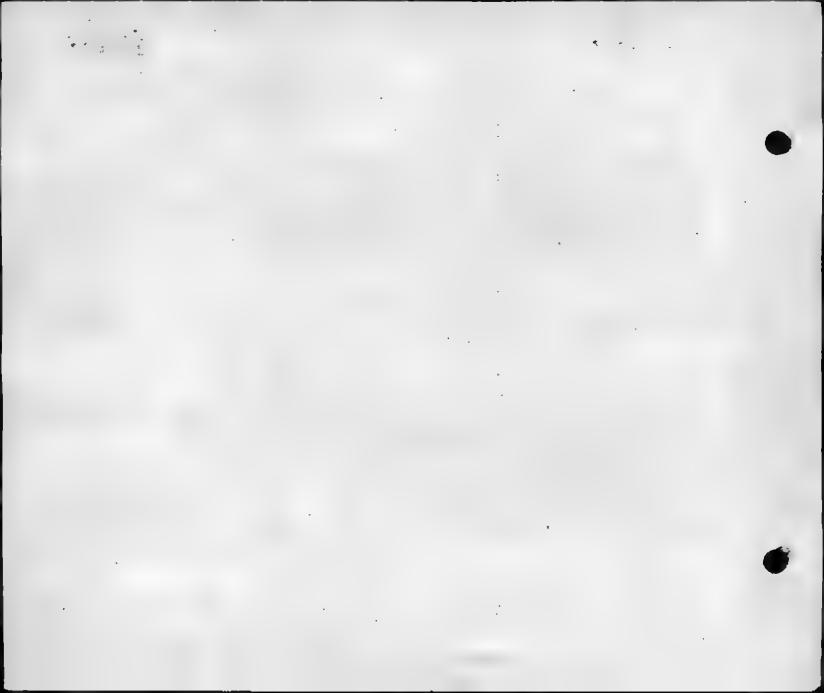
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Rage 4 may be retained by the hampital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. be executed within 24 hours after death I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and campletely filled in by the funeral remove carban papers. Pages I and o. COUNTY Carroll MARYLAND C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) b CITY OR TOWN (if autside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest tawn) carban papers. Pagent, within 72 hours Sykesville Byrs 2mos 27dy d. STREET ADDRESS d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) ON A FARM? Springfield State Hospital YES NO 🐷 1003 Annapolis Blvd 3 NAME OF Middle DATE First Lost DECEASED (Type or print) EMMA MARTE VARTNA October DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** 85 birthdoy) Doys Hours White Femal e 10-22-80 7 DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working little even if retired) INDUSTRY signed by the attending physician (burial-transit permit. Then please Maryland requires that the death certifican 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, David Hullett Rebecca Gillian WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war or dates at service) Unknown Records, Springfield State Hospital INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH WEEKS Bronchopneumonia IMMEDIATE CAUSE (a) 002.1 **DUE TO** Chronic pulmonary tuberculosis Conditions, if any, which gove Years (b) rise to immediate cause (a). DUE TO stating the underlying couse has been the lost. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? Chronic brain syndrome associated with cerebral arteriosclerosis, without qualifying chrose the second accident was underlying 200 accident was underlying 200 bescribe How INJURY OCCURRED (Enter nature of injury in Part I of item 18.) YES THE TO FUNERAL DIRECTOR: After this certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour om. factory, street, office bldg., etc.) shauld be 10-21-66 19\_\_\_, that (I) (we) last 7-24-63 . 19 . ta 21. I certify that (1) (this hospital) attended the deceased from... saw the deceased alive on 10-21-66 19, and that death accurred of 100 M. From couses and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 10-21-66 22d, ADDRESS Springfield State Hospital 22c. PHYSICIAN'S NAME (Type) Agustin del Campo. M.D. Sykesville, Maryland 2178h 23c. NAME OF CEMETERY OR CREMATORY 23g BURTAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 10/25/66 Lorraine Cem Balto Co Burish 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 McCully FH 237 Patapsco Ave 21225



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY arrole MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside comporete limits, write RURAL and give necrest town] write RURAL and give needest town? IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS ON A FARM? YES NO 2 Month 4. DATE Day Year DECEASED 3, DEATH (Type or prin!) 19 66 AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months DIVORCED 2 WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or fore gn country) one during most of working lule, even if retired 13. FATHER'S NAME wit Δ affend 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMAN' (Yes, no, or unkown) | (Ifyes give wer or detes of service) INTÉRVAL BÉTWEEN 18. CAUSE OF DEATH [Enter only one cause per line for ta], (b), en ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONC. DIR allere sc 41015 **DUE TO** Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO candrovoscular Chocos 200. ACCIDENT WAS UNDERLYING 20h. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) (County) fectory, street, office bldg., etc.) Not While Hour e.m et work et work 21. I certify that (I) (this hospital) attended the deceased from 16/24/63 ..., 10 NOW ...., 19 ...., that (I) (we) last .....19......., and that death occurred at 2. DM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (Specify) 25e. REC'D BY **KEGISTRAR** 25b. 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) DATE



IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death funeral 24 hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RORAL and give C. LENGTH OF STAY IN 1b write RURAL and give nearest town IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO C YES executed within NAME OF First Middle Last DATE Month Day Year 4. DECEASED OF DEATH 6 1966 (Type or print) attending physician and con rmit. Then phase remove in, or remove, and in any eve AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 5. SEX 6. COLOR MEVER MARRIED last birthday) Months Days Hours DIVORCED L WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 11. BIRTHPLACE during most of working COUNTRY? Beath certificate be life, even if retired) INDUSTRY FATHER'S NAME 14/ MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ANIMED TO INC. (Yes, no, or unknown) (If yes give war or dates of service) Address 16. SOCIAL SECURITY NO. 17. INFORMANT After this certificate has been signed by the attend be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). U HOSFITAL ON ATTENDIAN PRYMILIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use e Dept, of Health 0 PERFORMED? NO 🌽 YES 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) be de State factory, street, office bldg., stc.) Hour a.m. Not While While at work at work p.m. 19 director, page 3 should should be filed with the 3 (we) last 21. I certify that (1) Rithis hospital), attended the deceased and that death occurred at Salam, from the causes and on the date stated above. saw the deceased alive DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. 17 ED STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOI 23c emel REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25a. 25b. REGISTRAR'S SIGNATURE VR A15 (4) tam 15M 4-64

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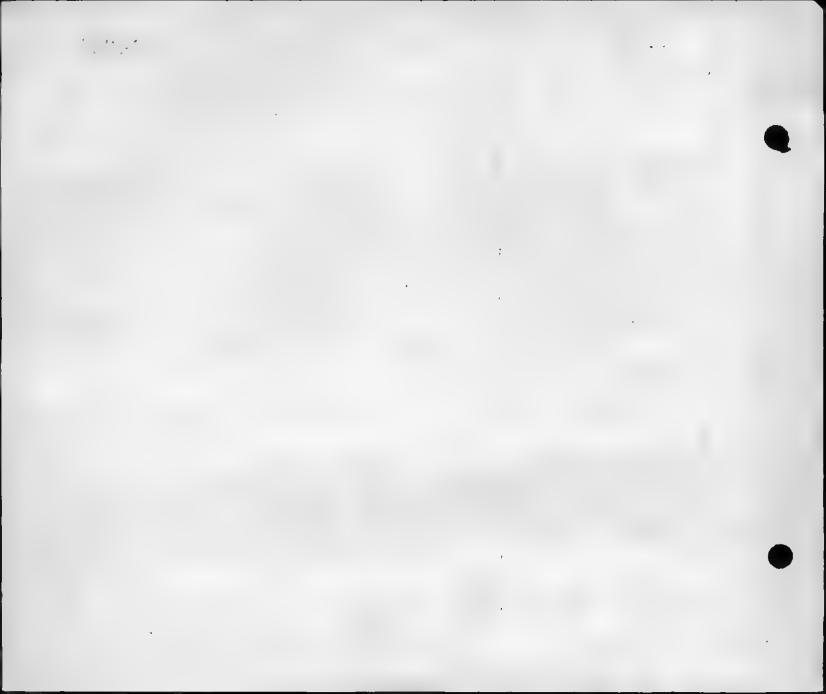
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SEPITAL FORTENDING PHYSICIAN: The law requires that the death certificate be exacuted within	ge	INERAL CIOR: After this certificate has been signed by the attending physician and completely	or, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages	and with the State Dept of Health prior to furial, cremation, or removal, and in any event, within 72 hours after
PI	Pa	Ň	D,	3
20		2	9	3

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14034
14037 14037

						4114.0
1. PLACE OF DEATH				ENCE (Where decees	ed lived, If institutions	Residence before edmission)
Carroll		MARYLAND	• STATE Harvla	and	Carroll	
b. CITY OR TOWN (if outs write RURAL end give	ide corporate limits, nearest town)	c LENGTH OF STAY IN 16			limits, write RURAL as	nd give nearest fown]
	ion Pridge			l- Union	ridre	
d. NAME OF HOSPITAL O	R INSTITUTION (if not in hosp	itel, g.ve street eddress)	d STREET ADDRES	ss	,	IS RESIDENCE     ON A FARM?
Route				ate 1		YES 🔼 NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Doy Yeer
(Type or print)	Frank		<i>l</i> atson	DEATH	Oct. 3	
5. SEX 6. C	OLOR OR RACE 7. MARRIED	NEVER MARRIED 3.	DATE OF BIRTH	9. AC	E (In years IF UNDER	1 YEAR   IF UNDER 24 HRS.
Male   L	hite wower	DIVORCED S	Sept. 12.	1895 7	t birthday) Months ;	Deys Hours Min.
10a. USUAL OCCUPATION	Give kind of work 10b. Kli	ND OF BUSINESS OR INDUSTRY	Y II. BIRTHPLACE (C	ounty & State or forei	gn country) 12. Cl	TIZEN OF WHAT COUNTRY
Attendant  13. FATHER'S NAME	Spri	ngfield Stat	e Jackson	n Co., Ol	nio	U.S.A.
Herbert Wa	tcon	1000010001	Nora (			
		   SOCIAL SECURITY NO.   17, 11		ogii (el.	Address	-
(Yes, no, or unkown) (Ifyesgi	ive werordates of service)			o O Mate		10 A7 0750
YPS	H [Enter only one couse par li	2-10-1033 Er	.z. La.Tul	U C. ME.C.	son pabe	TINTERVAL BETWEEN
PART I, DEATH WA		onic DRONG	Litie -	Frak	50.	ONSET AND DEATH
IMME		ANCE DISENT	2166.12	- Justin	soma	years _
Conditions, if eny, wh	DUE TO					
gave rise to immediate ca	use					
(a), stelling the underly	ring DUE TO					
cause lest.	J (c)	TRIBUTING TO DEATH BUT NO		LINAL DISEASE CON	DITION CIVEN IN BAL	T I(-) 10 WAS AUTODEY
PART II. OTHER SIGN	4 10 -	4 4	1	1	. 1 /	PERFORMED?
3 Core Dad	athoroso	linosis; at	heroscla	role Rea	of disease	YES NO
PART II. OTHER SIGN  20. ACCIDENT WAS UIT  OR CONTRIBUTING   C.  (IF EITHER, NOTIFY MEDI	AUSE OF DEATH .	RIBE HOW INJURY OCCURED.	(Enter neture of injury	an Pert I or Pert I. of a	tem 18 )	
3 20c. TIME OF INJURY		NJURY OCCURRED 200 PLA			own) (Co	unty) (Slete)
20c. TIME OF INJURY	While 19 at work	Not White 1eck	ory, street, office bldg.,	etc.]		
Print		ed the deceased from	July	1963 1000	× 3 19	Cola that (I) (we) las
	alive on Oct /		death occurred at	110 PM, from the	e causes and on	the date stated above
22e. SIGNATURE	10		ATTENDING	MED	TAEC	22b. DATE
DIK	to lancof	o_MD, M	D. ATTENDING PHYS.	MED S	HYS.	10/3/46
22c. PHYSICIAN'S	-	-	22d. ADDRESS ,		1 00	1 5100
NAME (Type)	H. LARIC	ote M.D.	Unio	V BRI	dGE, Ma	21/9/
23a. BURIAL, CREMATION,	236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	IN (City, town or cour	nty) (State)
REMOVAL (Specify)	Oct. 7, 1966	Tennett Cer	ietery	Sci	oto Co	Chio
24 FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	25e.		256, REGISTRAR'S	SIGNATURE
C. M. Waltz	Box 241 S-	kesville, Md	DATE	OCT 6	1856 07/	They Judge
		and the standard of the standa	, ,,,,,,,	11111	16/6/12	- V M



TO FUNERAL DIRICTOR: After this certificate has been signed by the attending plystrian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and or now event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Bours after death. Falls 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14035
CERTIFICATE OF DEATH
14038

_			n
1.	PLACE OF OEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: R	esidence before admission)
	Carroll	a. STATE b. COUNTY	arrall
	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CTTY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Incharo (Rival)	Linehaus (Reval	-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	B. IS RESIDENCE ON A FARM?
_	Function 512d BE #1	- Fincton and Ilt #1	YES W ND
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
5.	(Type or print) Daniel P. W	Idasen DEATH Cect	0 1966
ο,	SEX   6. CDLOR DR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months i	1 YEAR IF UNDER 24 HRS. Oays Hours   Min.
100	JULE WILL WIDOWEO DIVORCED DIV	Left 21 1879 87 yrs.	
dur	D. USUAL OCCUPATION (Cive kind of work done   10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT
4 17	turing turi	Parti Ce, Va	454
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	Her S. Mildaan	Fytlin (ch	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SDCIAL SECURITYND. 17.	ENFORMANT Address	
	Mo 219-36-0521	Mary Mildano Jendo.	ESXL IPP
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- 1 0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral T	humbores	ONSET AND DEATH
	OUE TO O		of the state of
	Conditions, if any, which ) (b) auterioricle	enstie Candio	
	gave rise to immediate (	. ^	1/
	cause (a), stoting the Uter O	lar Bereare	1/24/5
2	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICA			PERFORMED?
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCUPANTIBUTING   GAUSE OF DEATH	RRED. (Enter nature of injury in Part i or Part II of Item 18.	
- 4	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE DF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
4ED	Hour a.m. While Not While at work at work	ry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from 1	14 1952 to 10/14 1960	. that (i) (we) last
ļ		death occurred at 45 M, from the causes and on the	
	22a. SIGNATURE		TE SIGNED
	W. Howard M.D.	ATTENOING MED. STAFF DIRECTOR PHYS.   101	11/66
	22c. PHYSICIAN'S NAME (Type) 1/1 / FO A - 1/1 / O	22d. AODRESS 4 75 + 75 - 14	10
22.0	CUDIAL COCHATION CON DAYS WISCOND	1- MANCHIEL 170	<u> </u>
238.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PROVAL (Specify) 10/13/66 W. Recole (1)	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
24.	FUNERAL DIRECTOR ADDRESS		SSIGNATURE
	Meterio 4 on House	DATE OCT 13 1986 & lar	les Judge.
-	- Heradi	I PULL A A . T O . A . A . A	-4-0

VR #15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3. NAME DF DECEASED (Type or print) John Joseph Wise DEATH Oct. 1, 19 60  5. SEX 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR   FUNDER 24 H			14036	T	UO Esa	CERTIFIC	ATE	OF DEATH		1.	1030			
D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sylesy'lle  J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Pullen Nubsing Hone  3. NAME OF DECEASED (Type or print)  5. SEX  Male White Wildwell Display Display Death Oct.  1. 19 Or 19 Or 10 Death Oct.  5. SEX  Male White Wildwell Display Display Death Oct.  1. 19 Or 19 Or 19 Death Oct.  1. 19 Or 19		1.	PLACE OF DEATH	H 4 00 H1 7	F-4-1-1-	: "	7-0		E (Where d			esidence	before ad	mission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Sykesville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Pullen Nursing Home  3. NAME OF DECRASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX  MIDDURED NEVER MARRIED S. DATE OF BIRTH  10. JUSIAL DECUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (County & State, or fareign country)  12. FATHER'S RAME  13. FATHER'S RAME  14. MOTHER'S MAIDEN NAME  Charles Wise  Local Street Address  O. IS RESIDER  ON A FARM  YES NO.  19. OC.  19. AGE (in years) IF UNDER LYEAR IF UNDER 24 HE UNDER LYEAR IF UNDER 24 HE UNDER LYEAR IF UNDER 24 HE UNDER LYEAR IF	1			Carroll		MARYL	AND	a. SIAIE		p. COU	ny Fr	ede	rick	
Sykesville  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Pullen Nursing Home  3. NAME OF DECEASED (Type or print)  5. SEX	٠   ٔ		b. CITY OR TOW Write RURAL	N (If outside corporat	te limits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If	outside co	rporate limits, wr				
Delte Nursing Home    Analysing Home   A	1		Sykes	ville		13 yea	ars	Middl	Letow	m		-		,
Pullen Nursing Vome  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (in years) IF UNDER TYPEAR IF UNDER 24 Hast Shirthday)  103. USUAL DOCUMENTION (Give kind of work done during most of working life, even if retired)  103. USUAL DOCUMENTION (Give kind of work done during most of working life, even if retired)  104. USUAL DOCUMENTION (Give kind of work done wildow)  105. KIND OF BUSINESS OR INDUSTRY  106. USUAL DOCUMENTION (Give kind of work done during most of working life, even if retired)  107. Which of Business OR INDUSTRY  108. BIRTHPLACE (County & State, or ferring country)  119. BIRTHPLACE (County & State, or ferring country)  120. USUAL DOCUMENT INDUSTRY  131. FATHER'S NAME  144. MOTHER'S MAIDEN NAME  Amanda Derr  155. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, Me, or unhown) (If yets give war or dates of service)  165. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, Me, or unhown) (If yets give war or dates of service)  176. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, Me, or unhown) (If yets give war or dates of service)  187. James Hall Sylves Ville, Md  188. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  188. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  189. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  180. CONTRIBUTION (CIVE MARRIED) (FORCES (COUNTING COUNTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (19. WAS AUTOPS (PERFORMED) (19. WAS AUTOPS (PERFORME			d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in h	ospital, give street ad	iress)					9	. IS RES	IDENCE ARM?
3. NAME DF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED	١.			n Nursing	Home			_				Y	p-mm	No 😾
(Type of print)  John Joseph Wise  6. COLOR OR RACE  Male White Widowed Divorced O-5-1/37/  10a. USUAL DOCCUPATION (Give kind of work done during most of working life, even if retired) Harness maker  10b. Kind of Business or intuiting most of working life, even if retired) Harness maker  11a. Birthplace (County & State, or fereign country) Harness maker  11b. Birthplace (County & State, or fereign country) Harness maker  11c. Birthplace (County & State, or fereign country) Harness maker  11d. Mother's Maiden Name  Amanda Derr  15d. Was Deceased ever in U.S. Armedeorgees? (Yes, Mo, or unhown) (Ifyes pire war of dates of service) 10c. Charles wise 11d. Mother's Maiden Name  Amanda Derr  15d. Was Deceased ever in U.S. Armedeorgees? (Yes, Mo, or unhown) (Ifyes pire war of dates of service) 10c. Charles wise 11d. Social Security No. 17d. Informant  Address  11d. Social Security No. 17d. I		3.	NAME OF DECEASED	FI		Middle		Last	4. DATE	Mont	h	Day	Yea	ır
Male White Widowed Divorced 6-5-1871/94 yrs.    Markited   Mile   Widowed   Divorced   G-5-1871/94 yrs.   Second   Months   Days   Hours   Mile   Mil			(Type or print)		J. J	oseph	W	ise	DEAT		1	2		60
Divorced	1	5,	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□   <sup>8</sup>	. DATE OF BIRTH	9	last birthday)	IF UNDER			24 HRS.
Harness maker leather leather laryland USA  13. FATHER'S NAME  Charles Wise  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  NO								V / Y / I I'/		94 yrs.				
13. FATHER'S NAME		10a. duri	. USUAL DCCUPAT Ing most of work	ION (Give kind of work) Ing life, even if retire	done   10b, K d)	AND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (Co	unty & Stat	e, or fereign country	12. 0	ITIZEN ( DUNTRY	OF WHAT ?	
Charles Wise    Amanda Derr	N.				le	ather					U	BA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No. or unknown) (If yes pire war or dates of service)  10.	1	13.						14. MOTHER'S MAID	EN NAME					
(Yes, no, or unknown) (If yes pire war or dates of service)    18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   19. WAS AUDE BY IMMEDIATE CAUSE (a)	-	15	Char	<u>les Wise</u>					Derr					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, generalized  DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the outer to underlying cause last.  (c) Heart Disease: Coronary thrombosis, acute: Card ac arrest part in contributing to Death But not related to the terminal disease condition given in Part 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ı	(Ye	s, Me, er unkewn)	(If yes give war or dates o	f service) 16.	SUCIAL SECURITY NO.	17.	INFORMANT		Addre	55			
PART I. DEATH WAS CAUSE (a) Arteriosclerosis, generalized  DUE TO  Conditions, If any, which gave rise to immediate cause (a) through through the cause (a), stating the DUE TO  Underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PORT II. DEATH WAS CAUSE (a) Arteriosclerosis, generalized  through Oct. 1, 1  Cot. 1, 1  19. WAS AUTOPS PERFORMED YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	_					?	11	rs. James	Hall	. Sy	kesv			1d
DUE TO  Conditions, If any, which gave rise to immediate cause (a)  Large right ingunal hernia; arteriosclerotic Oct. 1, 1  DUE TO  Underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PREFORMED  YES NO  2008. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PROPRIED TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ı					ine for (a), (b), and (c).	]					INTER	RVAL BET ET AND D	WEEN DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Underlying cause last.  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part    of item 18.)  Oct. 1, 1  Oct. 1, 1  Oct. 1, 1  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ı	-	PART I. DE	IMMEDIATE CAUSE	(a) Art	erioscleros	is,	generalizad	1				959	_
gave rise to immediate cause (a), stating the underlying cause last.  (c) Heart Disease; Coronary thrombosis, acute; Card ac arrest.  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	1	-	Conditions If		TO									
winderlying cause last. (c) Heart Disease: Coronary thrombosis, acute: Card ac arrest.  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)		-		Immediate /		ge right in	gun	al hernia;	arteri	osclerot	ic	. Oct	ر ا	_1966
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	ì	-		rating the		and Diamond	7		1 .		~ 3			
	- 1	ş			(c) 1108	TING TO DEATH BUT NO	TRELAT	ronary thron	IDOS IS	RCUTE:	Card PART 1/a)			
		ξl							100.02.00	, and the state of			PERFOR	MED?
			20a. ACCIDENT	WAS UNDERLYING	i 20b.	DESCRIBE HOW INJURY	OCCUE	RRED. (Enter nature of	injury in F	Part I or Part II o	f Item 18.	1	, L	NO DE
		8	OR CONTRIBUTE	NG CAUSE OF DEA	TH NER)			, , , , , , , , , , , , , , , , , , , ,	,,			,		
Hour s.m. While Not While factory, street, office bldg., etc.)						NJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fa	rm. 20f.	(City or town)	(Cou	ntv)	(S	tate)
			Hour a.n	n.	While		factor	y, street, office bldg., et	(c.)	,				
	1	Σŀ						10	1 EO to	Opt 7	10.6	^ AL	-4 /D (u	io) look
21. I certify that (I) (this hospital) attended the deceased from		- [												
22a. SIGNATURE / 22b. DATE SIGNED	1	-				, /	u tilat	death occurred at		Toll the Gauses				above.
Acros & Itale M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR DI	Н	-	F.	Honard	2.11	tall	M.D.	ATTENDING PHYS.	AED.	STAFF PHYS.	10-	3-	660	
22c. PHYSICIAN'S NAME (Type) TICKET TO THE TYPE TO THE TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYP	1	ļ			_			22d. ADDRESS					W-12-	
noward in hall MD Sykesville, Md.		1		TO MST.O	E. Ha	Ll M	)	Sykest	<u> </u>	, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	- 41		BURIAL, CREM	ATION, 23b. DATE 1	HEREOF	23c. NAME OF CEN	ETERY	OR CREMATORY	23d. L	OCATION (City, to	wn or cot	unty)	(St	ate)
Burial 119-4-66   Christ Evangelical   Middletown Md.		_	urlal	119-4-6	6	Christ E	van		711	ddletor	רת		Md	
	1	24.	FUNERAL DIRE	LIN X/A	1.4	ADDRESS	n	25a. REC	OT C		0.00	-	_	
Harry W. Haight Sykesville Md. DATE OCT : 1956 Misseles Judge		/	YWWY Y	TU. PHALLY	100 %	ykerrell,	//	A DATE U	U L	1956	1/1/2	rees	Jud	ge_

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emovel, and in any event, within 72 hours after death. 20

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_	1 1 1 1					100	4 11 74
1.	PLACE OF DEAT	SAND AND STREET	//- <u> </u>		a. STATE	(Where deceased lived, If Institution b. COUNTY	
		roll	MAR	RYLAND	Marylan		roll
	b. CITY OR TOW	/N (if outside corporate limi	nits,   c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RU	IRAL and give nearest town)
	Silver	and give nearest town)	Life		Silver Ru	n	0 1
	d. NAME OF HO	SPITAL OR INSTITUTION (if I	not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		ter, Md. R. D.			Westminster		YES NOT
3.	NAME DF DECEASED (Type or print)	First Mary	Elizabeth	Yi	Last ngling	4. DATE Month OF DEATH October	Day Year 2 1966
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRI	IED 8	. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mont	DER 1 YEAR   F UNDER 24 HRS.
-	emale		IDOWED 🙀 DIVORC	the state of the s	7/16/1873	93 yrs.	
10a dur	I. USUAL OCCUPAT ing most of work	FION (Give kind of work done ling life, even If retired)	10b. KIND OF BUSINESS (	DR	11. BIRTHPLACE (Cou		2. CITIZEN OF WHAT COUNTRY?
H	ousewife-	-Housework	Her own home	2	Carroll C	County, Md.	J.S.A.
13.	FATHER'S NAM	IE .			14. MOTHER'S MAIDE	N NAME	
		n A. Leppe			Sarah J.	Koontz	
		EVER IN U.S. ARMED FORCES? (If yes give war or dates of service		NO.   17.	INFORMANT	Address	
1	No		220-40-2487	Ch	arles A. Lep	po, Westminster,	Md. R. D. 1
	18. CAUSE DF	DEATH [Enter only one caus	se per line for (a), (b), and				INTERVAL BETWEEN
			DA .	+/	1 . 1		ONSET AND DEATH
	2000	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	iene bral	1-667	ions tores	- 7	1 day
	93%	X DUE TO					-
	Conditions, If	any, which \ (b) (	arterio	Rel	war		1092000
	gave rise to						0
	cause (a), s underlying caus	tating the	Influence	3	<u></u>		100ays
0	PARTII, OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	TNOTRELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		Send	liter				YES NO
TIF	20a. ACCIDENT	WAS UNDERLYING ING IN CAUSE OF DEATH	20b. DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Iten	n 18.)
	(IF EITHER, NO	TIFY MEDICAL EXAMINER)	,3				de reconsent
CAL		INJURY Month, Day, Year	2Dd. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, far	m, 2Df. (City or town)	(County) (State)
MEDICAL	Hour a.i	m. 19	While Not While at work		y, street, office bidg., etc		
	21. I certif	y that (I) (this hospital)-	-attended the deceased	from 30	19	55 to C'c1.2-4 1	9 that (I) (we) last
		ceased alive on 🗢 😽		and that	death occurred at6	30M, from the causes and	on the date stated above.
	22a. SIGNATU	RE	,				. DATE SIGNED
		C/201	thingles	M.D.	PHYS.	ED. STAFF PHYS.	
	22c. PHYSICIA NAME (T)	AN'S (13, 1)	libeste	a	22d. ADDRESS	minutes.	Fond.
23a			EOF 123c, NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
	REMOVAL (Spe Burial		St. Mary			Silver Run, Car	**
24	FUNERAL DIRE		ADDRESS			D BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE
1	1. R.	11 Tiel	Tixelort.		PALOC		when Judge

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